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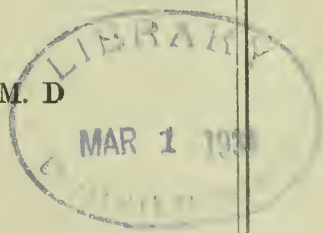
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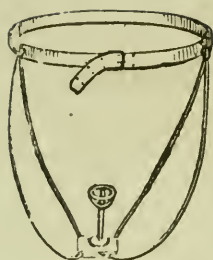
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PHILADELPHIA, March, 1877.

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[The Editors do not hold themselves responsible for the sentiments of contributors.]

*The bills we send in this number of the JOURNAL we hope will receive prompt attention.*

THE SAINT LOUIS  
**Medical and Surgical Journal.**

APRIL, 1877.

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Original Communications.

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*COMPLETE OCCLUSION OF THE VAGINA.*

RESULT OF TRAUMATIC INJURY, RELIEVED.

By J. M. RICHMOND, A. M., M. D., of St. Joseph, Mo.

[Reported to the St. Joseph Medical Society, Nov. 4th, 1872.]

---

In May, 1871, I was consulted by Mrs. V., aged 21, recently married. To all appearances a healthy and perfectly developed woman. Obtained from her the following brief history :

"Enjoyed good health up to marriage. Have never menstruated. Suffer occasionally now with pain in the lower stomach. When about eight years of age, received a severe injury falling astride the branch of a tree. Was quite ill. Was attended by several physicians."

On examination I found the following condition: Mousveneris, labia-majora, clitoris and perineum normal; nymphia partially obliterated; meatus urinarius closed; the ostium vagina perfectly occluded with a dense cic-

trix: just under the symphysis pubis there was a slight depression of half an inch, with a small opening at the bottom, through which a small sound could be passed into the bladder. With finger in rectum and sound in bladder, no trace of vagina could be detected, but a hard and unnatural feel to the whole base of the bladder. Could not make out the womb, but a very tender point about where we would expect to find the os-uteri from which she had suffered for several days. This proved to be an abscess which opened into the bladder, pus and *shreds of lint* passing with relief to the pain. I suppose the lint must have remained encysted from the time of healing of the injury nearly thirteen years previously. With finger in rectum and pressure on the hypogastrium, uterus could not positively be felt.

An operation for the relief of this condition was not agreed to for some time. Not until her sufferings from symptoms of obstructive dysmenorrhœa became so urgent that they were forced to consent to have something done for her relief. In spite of the warm weather I concluded to operate, choosing, as near as I could, about ten days after what I took to be a monthly molimen.

July 31. Patient anaesthetised (chloroform); in lithotomy position we proceeded with the operation. Fully impressed with Dr. Emmet's ideas and success in operations on the vagina, we determined to do as little *cutting* as possible, the tendency to contract being in proportion to the amount of cutting done. Immediately within the small opening at the bottom of the sulcus there was readily detected a dilation leading into another constriction about one-half inch beyond the outer one. With the scissors I opened that freely, finding but one opening which led immediately into the bladder, leaving almost no urethra, though with perfect control over urine. Starting about half an inch posterior to this entrance to bladder, with scissors I cut backwards through cicatricial tissue to fouchette. Then with two fingers in the



rectum and sound in the bladder, held by an assistant, I commenced tearing and breaking down tissue with finger and roughened handle of scalpel, in direction of womb, guarding carefully the rectum. The tissues were hard and unyielding, and progress was made slowly. After gaining, in this way, two and a half or three inches, patient bearing the chloroform badly, the operation already extending over an hour and a half, it was thought prudent to desist for the present. One of Dr. Sims' glass plugs, medium size, was introduced and secured with a bandage; one-fourth grain morphine in afternoon; suppository cocoa-butter and one-half grain morphia at 9 p. m., and one or two suppositories daily constituted all the treatment except the free use of ice, the daily removal of plug and syringing the parts after suppuration was established. There were strong symptoms of the molimen August 8th.

September 6. We proceeded with the operation; could not detect the womb or any accumulation. Found that the plug had retained all that was gained at the previous operation; a vagina nearly normal in color, perfectly healed, two and a half inches deep; with scissors we made a slight cut at the bottom, extending on each side; then with fingers in rectum and sound in bladder, we cautiously tore away until four and a half or five inches had been gained. It was delicate work. Seemed as if there was only the thickness of the coats of the bowels between my fingers, which I believe was really the case.

At this depth I could not find the womb; felt what I supposed to be it, very small, between my finger in new vagina and pressure on hypogastrium. For fear of injuring peritoneum, or doing irreparable injury by prosecuting the search, we concluded to be content with what we had gained for the present, and wait further developments. Introduced a large plug one and one third inches by five inches deep, retained with bandage. The advantage claimed for the glass plug is that on the parts heal-

ing all the space you have gained is retained. The cicatricial tissue partakes more of the character of natural mucous membrane, and there is not the same tendency to contraction. Treatment the same as at first. She made a speedy recovery with a good vagina one and three fourths by four and one-half inches deep. Every month there were strong evidences of an effort at menstruation, with considerable pain.

About the second or third menses after the last operation, she told me she had passed a little blood, or that the end of the plug was bloody when she removed it for the use of her syringe. I did not see her at the time. On using the speculum I could detect no opening. Told her to let me know when she was sick again.

In February, 1872, she sent for me; said she was passing blood again. On removing the plug it was bloody. I introduced the speculum, cleansed the vagina, and found the blood oozing through a very small opening in the anterior portion of the wall, about one and a half inches from cul-de-sac. I could pass a small probe into it, but not more than one-half inch.

After she was well over this period—the second menstrual period she ever had—I enlarged the opening with scissors, and dilated with finger. Found the mouth of womb just within. Could not recognize the lips or anything but the os. Everything seemed to have been sealed up from the extensive inflammation thirteen years previously. The womb was small; could pass a probe about one and three-fourth inches. I regarded this operation as complete.

I supposed the remains of the original vagina to be between the new vagina and bladder. With almost no urethra, she has perfect control over urine. With the exception of urethral opening one and one-fourth inches posterior to natural meatus, she has a very good vagina.

At this date she has menstruated regularly nine times;

is in good health, and a happy wife. She still wears the one and three-fourth inch plug occasionally.

*Note.*—The tendency in these operations is almost invariably to contraction. Though the tearing and healing around glass offers the longest immunity. In this case, five years after the dates given above, it may be some satisfaction to have a note. There is quite a contraction near the womb, which I believe will, some time before the meno-pause, necessitate another operation. She still menstruates regularly, and has enjoyed uniform good health, with the exception of once or twice suffering from a pelvic abscess. She has never conceived.

ST. JOSEPH, MO., January, 1877.

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## *CROUP AND DIPHTHERIA.*

By E. MONTGOMERY, M. D.

[Read before the St. Louis Medical Society, Feb. 10th., 1877.]

---

Croup is an inflammatory affection of the mucous membrane lining the larynx, trachea and bronchia, and if not controlled or arrested at the commencement, a false membrane will form in those respiratory passages. The disease comes on suddenly and mostly in the night, and is in great part confined to children from two to six years of age. It manifests a certain degree of periodicity, having remissions in the morning and exacerbation in the night. \* Sometimes it is preceded for ten or twelve hours with febrile symptoms, such as quick pulse, flushed face, suffused eyes, restlessness, irrita-

bility, etc., then follows the hoarseness, the respiration becoming harsh and sonorous, the inspirations accompanied by a crowing noise, then there is a characteristic croupy cough, hard, to be described, but once heard never to be forgotten. In the beginning the breathing and cough are both loud, dry and sonorous, but in the advanced stages muffled and whispering. The patient will early complain of a painful soreness or constriction of the *membrane sterni*; as the disease advances the dyspnea increases, there is great jactitation and irritability, the countenance expressive of great distress and anxiety; the little patient will grasp his throat, try to thrust his hand into his mouth as if anxious to remove the offending substance from his fauces; there will be great drowsiness, but no quiet sleep; he will soon arouse in terror and alarm, the breathing becomes gasping and intermittent, suffocation seems eminent, the skin cold and clammy, and death closes the heart rending scene by apnea, asphyxia coma or convulsions.

Some authorities believe that spasm of the epiglottis and some of the surrounding parts is the chief cause of the great dyspnea present.

As nearly all writers on the subject from Blair, Homes, Cheyne, Hossack: down to Watson, <sup>†</sup>Tanner, Flint, Ware, Stokes and Aitkin, agree that true croup at the commencement is a peculiar form of inflammation of the respiratory passages, so both ancient and modern authors, with very few exceptions recommend an antiphlogistic treatment, to wit, leaching, venesection purgatives, emetics, cardiac sedatives, mercurials and blisters: and in the advanced stages tonics, antispasmodics and nutritives.

In the beginning of the attack, there is certainly inflammation followed by thickening and enlargement of the lining of the respiratory passages, especially of the trachea, and if the inflammation is not controlled a tenaceous mucous secretion will be thrown out, which

will soon become organized into a false membrane, which will not only line the trachea but will soon involve the larynx the bronchial tubes and often the air cells also. The first efforts of the physician will then be properly directed to the removal or mitigation of this inflammatory action by antiphlogistics.

If the patient is robust venesection should at once be resorted to, an ounce of blood to be drawn for each year of the child's age. Cloths wrung out of ice water sedulously applied to the throat and over the sternum; when the ice applications have been carried as far as they seem appropriate, a snuff ointment, or tobacco leaves may be substituted\*. An emetic of tartrate of antimony and potash, or the yellow sulphuret of mercury should be given, and repeated as often as necessary to clear the air tubes of all mucous or fibrinous obstruction. Two or three grains of calomel every three or four hours, but not pushed to salivation. If the calomel does not act sufficiently on the bowels it may be assisted with the tartrate of potash and soda. To assist in subduing inflammatory action, aconite or veratrum viride with nitre, and syrup should also be employed, carefully watching the effects.

The room should be well ventilated but the temperature not allowed to go below 65° F. and the hot vapour arising from a combination of quick lime, sugar and boiling water, should be constantly inhaled, and the spray of lactic acid, lactate of lime or bi-carbonate of potash be thrown into the throat by means of atomizers.

In children who are not robust, the venesection should be supplanted by a few leeches, and the tartar emetic dispensed with, giving instead turpeth mineral, or sulphate of zinc; the calomel, aconite and veratrum viride should also be very sparingly and very cautiously used. Tobacco, snuff and blisters in asthenic cases should give place to liniments and hot embrocations.

\*Tobacco always used with caution.



The lime vapour and the use of the medicated spray be persevered with in all cases.

In the advanced stages when tonics can be safely given quinine, carbonate of ammonia and senega may be freely administered, as recommended by Professor Fordyce Barker of New York. As a veteran practitioner of vast experience and great ability, and one who in every way commands our respect and confidence, Prof. Barker's very positive and sincere recommendations are entitled to our earnest consideration, and he assures us that he has not lost a case of croup in twenty years where he had full control of the case from the commencement.

Prof. Barker's course of treatment is the use of hydrargyri subsulphate flavum as an emetic; keeping down inflammation and fever by veratrum viride and sweet spirits of nitre, and giving carbonate of ammon. and senega with veratrum and nitre when inflammatory symptoms and dyspnea exist; and quinine, ammonia, senega and mistura gum acacia as a tonic and expectorant.

As spasm of the rima glottidis and surrounding parts is according to many authorities a prime cause of the great dyspnea, musk, valerian, castor and chloral hydrate may be employed; but if as many contend there is paralysis, strychnia, iron and other tonics, may be administered.

When all other remedies fail, and suffocation from false membrane, paralysis or spasm of the parts seems impending, tracheotomy should be resorted to before it is too late. When this operation is skilfully performed in the midst of favorable surroundings, it will be the means of rescuing thousands from an agonizing death.

It remains to say a few words about the non-identity of croup and diphtheria.

It is worthy of remark that the earliest writers on croup whilst most of them viewed laryngitis laringo-



trachitis and catarrhal laryngitis as true croup or modifications of that disease, yet they almost universally considered what they called *cynanche maligna*, or diphtheria, as an entirely different malady.

The first full description of croup, published under that name, in the English language by Dr. Francis Howe of Edinburgh, treated of croup and *cynanche maligna* as entirely different diseases; and Drs. Cheyne, Cullen, Copeland and Hossack of this country who wrote on the disease about the time as Cheyne, all took the same side in favor of our identity. With the exception of a very few Continental writers this opinion obtained until quite recently a great many French, German and British writers have recently come out in favor of the doctrine that croup and diphtheria are but manifestations of one and the same disease.

In Germany we have Vogel Steiner, and the author of the article "Croup" in Ziemssen's *Encyclopedia of Practical Medicine*, and many others holding this novel doctrine. In England we find six—Wm. Jenner, Prof. George Johnston, Dr. Bristowe, (the author of the very recent work on practice of medicine), and many others in favor of the doctrine of identity, besides many in France who take it for granted that the doctrine of the identity of croup and diphtheria is self evident, and unworthy of discussion or controversy.

Notwithstanding the deservedly high standing of the advocates of the identity, a few prominent points of difference between these diseases will furnish a differential diagnosis which ought to convince most unprejudiced inquirers that croup and diphtheria are essentially distinct and different affections.

Croup always comes on suddenly, and generally in the night, and is always of short duration.

Diphtheria does not come on suddenly, has always one, two or three days of premonitory symptoms, and is not of short duration.

Croup is not an epidemic or contagious disease, whilst diphtheria is eminently so.

Croup is almost entirely confined to children most of the cases occurring in children from two to six years of age.

Diphtheria attacks all ages and conditions.

In croup the pseudo-membrane forms first in the trachea (hence Cullen, Aitkin and others designated it *angina trachealis*), and from the trachea may extend to the larynx and bronchia.

In diphtheria the membranous deposit is first seen on the tonsils, arches of the palate, uvula, etc., and from thence may invest the larynx and trachea.

In croup the false membrane is confined to the larynx, trachea, bronchial tubes and air cells, whilst that of diphtheria first attacks the tonsils, palatine arches, uvula, the nares, inside of the lips and cheeks and often in the anus and vagina, and on any abraded or excoeriated surface of the skin.

The pseudo-membrane of croup does not emit the very strongly offensive and putrescent odor which invariably attaches to the membranous deposits of fully developed diphtheria.

In croup the sub-maxillary and cervical glands do not become hard, painful, swollen, nor does dysphagia exist, whilst the swelling of the glands and the difficulty in swallowing both pertain to diphtheria.

Croup does not manifest signs of great debility and prostration until the last few hours, whilst asthenia is a very prominent feature in diphtheria throughout its entire course.

Croup is not followed by paralysis or other dangerous sequels, whilst diphtheria is in danger of such complications during its long lingering convalescence.

Croup succumbs to asphyxia, coma or convulsions, whilst the fatal termination of diphtheria is by asthenia, septicæmia, paralysis or embolism.

In croup the urine is seldom found albuminous, or, if found so, it is in the advanced period of the malady, whilst in diphtheria this condition of the urine exists through its whole course.

There might be many other prominent points of difference presented, but three or four of those already presented should suffice to prove conclusively that croup and diphtheria are two separate and distinct diseases, different in the accession, different in their duration and course, and different in their termination.

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### *NOTES ON THE PSYCHOSES.*

By C. R. HUGHES M. D.

Late Superintendent and Physician Missouri State Lunatic Asylum.

---

#### ACUTE DELIRIOUS MANIA—SECOND PAPER.

In these cases of acute delirious mania it is exhaustion that kills. We do not find by post-mortem examination any lesion of the brain or other organ sufficient to cause death."\* This is the language of all high authority. We have only to restore the patient's strength and give her brain ample rest in order to cure her. I am not prepared to say, with Hammond, that "where the brain is quiescent, there is no mind," but when the brain is at rest there can certainly be no manifestation of mind, and when there is no display of mind, we cannot have great cerebral disintegration and mental exhaustion, and exhaustion must precede death in these cases.

This is the patient's first attack. She is young and unmarried. Such cases are most likely to recover. The

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\*Blandford's Lectures, 1871.

fact of hereditary taint does not impair her chances of recovery. The mental equilibrium of patients having a great deal of hereditary predisposition—saturated with it, as it were, from both ancestral sides—is often overthrown by very slight and transient causes and sometimes as easily regained on the removal of the disturbing cause. Ella refuses neither food nor medicine, and all this is favorable.

What shall we do for Ella?

We must induce sleep as promptly as we can with safety in the use of our remedies, and restore her physical health.

Her bowels must be promptly and briskly moved. To this end three drops of croton oil and ten grains of calomel are placed upon her tongue and washed down with a little beef tea which has been already prepared. She must be well nourished from the beginning, and we give her a combination of milk punch and egg nogg,\* as often as she will take it, and the beef tea likewise.

To the end that her nervous excitement may be speedily calmed and sleep induced, we give, during the day, three thirty grain doses of Bromide of potassium in beef tea, for she willingly takes it in every way, and a thirty grain dose of chloral in an ounce of egg nogg and some water at bed time. We must be careful not to incur her antipathy towards our medicines, and not to ply her too often with distasteful physic.

Three copious actions soon followed the croton oil and calomel, a half hour's sleep followed the catharsis, though she is apparently no calmer after the sleep than before. Her case has progressed too far to be arrested by arousing the liver and clearing out the bowels, though some good has doubtless been thereby effected towards her ultimate recovery. "I have seen," says Blandford, and this is our own experience, "the violent mania of an ap-

\*Ovi No. lii, lactis ol., spt. frumenti oz. i, sacch. alb. q. s. M—Sig. cooh. mag. pro. re nata.

proaching attack subside more than once after a brisk purgative. Whatever be the action of this: whether we are to call it, in the language of a by-gone age, a derivative, a revulsive, or a counter irritant, its effect is often marked and evident, and the patient recovers."\*

After her night dose of chloral, Ella sleeps one hour, and another dose at 3 A. M. gives her two hours more of sleep. These short snatches of sleep help to sustain her, and are encouraging, though she is no calmer when awake.

On the second day she refuses to take food, but her refusal is overcome by persistent urging amounting almost to force. She takes four thirty grain doses of bromide to-day at four hour intervals. This and a lotion of sulphuric ether, allowed to evaporate freely from her forehead, procures a little sleep, and after a forty grain dose of chloral given between 9 and 10 o'clock in the evening, she sleeps until midnight, and has a brief interval of calm thereafter. This is the first period of tranquility she has had, and we are encouraged to hope for longer sleeps, from which she may awaken each time calmer and less confused in mind.

This same treatment is continued through the third day with a result similar to that of the preceding.

On the fourth day she has an epileptiform seizure, lasting a few minutes, with momentary unconsciousness, turning in of the thumbs, rolling of the eyes, and convulsive twitchings of both upper extremities.

To-day we give her some meno-bromide of camphor in lieu of the bromide, but decide not to continue it; nourish her as heretofore and repeat the chloral at night.

On the fifth day a new delusion appears and continues until the thirteenth. She has committed a mortal sin, and wants her offending eye and tongue cut out. The idea that she is "a dead head and ought to have her neck

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\*Blandford's Lecture, 1871,



cut off" then seizes and dominates her for a while, until she concludes that her physician is trying to send her to hell.

These two latter delusions are transient, and fade out with the day.

On the fourteenth day she implores me to save her and "drive away the imaginations that possess her;" says she is "sick, and has been following shadows."

During the past week she has been taking single drachm doses of chloral instead of the former half drachm doses at night, with the result of longer and profounder sleep, and she has had ten grains of quinine in her daily allowance of egg nogg. The patient's persistent excitement; short sleeps; our failure to lengthen out the latter with smaller doses, and the experience gained of the toleration of chloral in these large doses justify this increase in the quantity of chloral. Her bowels have been kept open with a daily fluid drachm dose of Squibb's fluid extract of *rhamnus frangula*, and an occasional dose of "mild chloride."

Night she falls asleep at 11 o'clock, and awakes at 9 o'clock the next morning free from delirium, though some of her delusions still remain.

In proper and timely doses, when you have thoroughly learned your patient, how valuable a remedy in these cases is chloral! "Of more value than anything that was ever given before its discovery,"\* but, like every other potent remedy, demanding prudent caution as well as boldness in its use. The bromide of potassium, too, has been of value, but it is not so surely a sleep producing agent as chloral.

"Many of these cases are cut short and cured like delirium tremens, if we can procure one long and sound sleep, and I believe that chloral will generally be found to cause sleep of a longer or shorter duration," says

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\*Blanchard, 1871, p. 235.



Blandford. "I have seen," says this same practical and eminent writer, "a very violent maniac sent to sleep by such a dose (one drachm) and made clear of everything like delirium, though he still had delusions."

On the fifteenth day our patient's tongue, which, up to this time has been furred and coated with a thick, sticky layer of dead epithelium, becoming somewhat brown and dry, begins to clear off, and is moist.

Our patient is improved, though not restored.

What shall we do further; shall we bleed?

No.

She has no blood to spare. A few years ago such patients were, in the very beginning, invariably and largely bled. "Now-a-days general bleeding in insanity is almost entirely abolished."\*

I never bled in but one case in my life, and that was when there was active general cerebral hyperemia, with acute cerebritis, the result of external violence. The man was in vigorous health at the most vigorous time of life, and bleeding to syncope and veratrum viride saved his life.

The case came under treatment from Ray county in 1867. His insanity was of the real sthenic type, caused by a blow from a corn stalk cutter. He had blood to spare and we took it. There was too much sanguine fire in his head, and we quenched it by taking away the fuel.

During all our residence at Fulton we saw no other case like it. The man is still well, so far as we know, and pursuing his avocation of farmer.

Six leeches were applied to Ella's temples in the beginning, but we shall not repeat them.

Shall we blister?

Yes.

Dr. Blandford says, "No; He would rather abstain from everything likely to make a wound and excite suppura-

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\*Blandford.

tion, which is prone to occur." We should abstain from a blister if our patient were more furious and more difficult to control. But she keeps her bed, and occupies herself with delusions. A blister is a painful reality. It will do her but little good as a revulsive from the brain, but it may transfer her attention to the local uneasiness and pain, and excite into activity brain cells not yet morbidly touched, and thus help to cure her by substituting rational reflections for morbid fancies. Perhaps she will ask to have the blister dressed, and not rest satisfied until she is made easy in the back part of her neck. We shall try it. We shall paint her neck with cantharadine collodion, and await the sequel. The blisters may make "sore place" and these sore places may become "dreadful wounds," a "crop of boils and pustules may follow;" chloral will make our patient sleep despite the counter irritation, and if the brain gets right, we can readily repair the damage done to the neck.

What shall be done further for this patient? Ought we not to use morphia? Hypodermic injections of the salts of opium, are so easily administered?

No.

These preparations excite illusions and hallucinations of the kind she already has, and are only advisable in the chronic melancholic forms of mental derangement, unless given in doses large enough to overwhelm the cerebral centre in speedy and prolonged sleep, and for this purpose we now have better and safer remedies.

After the administration of a dose of morphia by the subcutaneous method, the patient will not improbably at once fall asleep, and we congratulate ourselves that our long wished for object is attained.

But after half an hour or so the sleep suddenly terminates and the mania and excitement are worse than before.

Here you may possibly think that had the dose been larger, instead of half an hour's sleep you would have

obtained one of longer duration, and you administer more with a like result. Large doses of morphia do not merely fail to procure refreshing sleep, but they poison the patient and produce, if not the symptoms of actual narcotic poisoning, at any rate that typhoid condition which indicates prostration and approaching collapse. I believe there is no drug, the use of which more often becomes abuse than that of opium in the treatment of insanity."—*Blandford*.

We are not so unfriendly to opium as this high authority, but the authority is too high not to give his views weighty consideration. We used opium, and used it successfully in some cases in preference to some of the other narcotics, especially hyoscyamus, before we became familiar with the superior efficacy of chloral.

Often these cases of acute delirious mania will not take medicine by the mouth, and they will make resistance if you attempt to medicate by enemata.

In such cases the hypodermic employment, in full doses, of morphia at about the patient's usual sleeping hour when in good health, in conjunction with the warm, wet blanket wrapping, is not inadvisable.

In the French asylums these cases are put into hot baths and allowed to remain a long while, with cold cloths and ice bags applied to the head, but patients struggle less and are more easily restrained in the wet blanket wrapping—*i. e.*, a blanket wrung out of water raised to the temperature of  $92^{\circ}$  to  $98^{\circ}$ , completely enveloping the patient, and over this another blanket that is dry. Under this treatment your patient falls into a profuse perspiration, and refreshing sleep. This patient makes no objection to medicine by the mouth. We have, therefore, no need of the hypodermic syringe, and we give no form of opium. There is undoubted neurasthenia and cerebraesthesia in this case—conditions present in almost every case of insanity—yet we do not deem the electric current of as much use as some recent theoretical,

writers who have had little or no experience with the insane. Reconstructive, hæmatic and neurotic tonics will do much good, and we now give her hypophosphate of iron and quinine.

We give her now also some Fowler's solution since we have learned that one year ago she had chills and was much reduced by them in flesh and strength, and that this fall she had a dumb ague which her grandmother thinks "went away without medicine." The arsenical solution and the bromide, which is not discontinued, may remove the effects of the malaria upon the brain and cord. They may also serve to prevent further epileptoid manifestation.

Having had a profound and prolonged sleep, her tongue having cleared, her bowels moving with regularity and her delusions having become more evanescent and less tenacious, with some realization in the mind that something has been wrong with her head, we may regard the crisis as passed, and the convalescence as approaching.

She now asks her physician to have pity on her and "cure her with good medicine."

It is now the eighteenth day since the beginning of her illness. We continue to visit her twice daily to the twenty-ninth, and once daily for twenty-one days thereafter, pursuing, in the main, the course already indicated, building up the system and restraining morbid cerebral activity, and the cure is complete.

Ten days after Ella comes to our office, with a full appreciation of what has been the matter with her, clear in mind, and, in body, growing fleshy and stout.

A pill of hydrocyanate of iron and valerian\* are now given her continuously for six months, as a prophylactic against epilepsy, and the patient is dismissed with the injunction that her schooling days are over, and that great

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\*R—Ferri hydrocyanate oz. ii, pu'v. valerian oz. ii. Ft. pil. No cxx. S—One pill eight and morning.—Prof. McGugli

care should be exercised to keep her bodily functions healthy that she may avoid a return of her malady.

Will her disorder return?

In insanity one attack predisposes to another, as disease of other organs than the brain are more liable to recur than to come on anew from any exciting cause.

The sequel in her case confirms the rule to which, however, there are many exceptions.

Her subsequent history also confirms another law of insanity, and that is, that almost all forms, if not pathologically akin, pass readily into one another. We rarely see a second attack precisely like the first.

In August, 1876, Ella becomes again afflicted with another form of mental disease especially in its manifestations. There is little, if any delirium, and more apparent design in her violent and noisy actions. Though she sleeps a little and does not impress you with the fear that she is going to die speedily. She is now very mischievous and destructive, and hard to manage. She dislikes her grandmother, who is also quite ill from anxiety and watching. She is abusive, inclined to fight, and refuses food and medicine.

Her case is now one of acute mania without delirium, though it is not the *manie sans delire* of the French, for that, according to Pinel, who first described it, is a mania without delusion. Ella has delusions underlying her antipathies and destructive and noisy actions.

We send her to the asylum where she remains from about September 1st to December 1, 1876, where, in some respects, she improves.

But she is still destructive of her clothing, neglectful of her person, indifferent as to her evacuations, and uses shockingly bad language, but has lost much of her antipathy towards her grandmother, who is now in good health and desires to nurse her. Ella also wishes to leave the asylum and come under our care. Under these circumstances we reluctantly consent to her friends getting a



leave of absence from the asylum and again undertake her treatment. She takes her medicine, and receives our visits kindly, and in two months is again recovered.

Her second attack and its treatment were so different from the first that to discuss it further would not be in place here.

1211 Chouteau Avenue.

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[CONTINUED]

*THE ACOUSTIC SIGNS OF PNEUMONIA*

Translated from the German of P. Niemeyer.

By F. J. LUTZ, M. D.

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In pulmonary and pleuritic affections the fremitus is abated upon mechanical principles about in the manner as when we interrupt the movements of a hose by firm pressure with our hand. In the normal condition we cannot discover the fremitus, because the lung structure prevents its perfect transmission, just as though a pillow were interposed, whilst an infiltrated lung rather favors it by removing this obstacle and establishing immediate continuity. In case the infiltration becomes so solid that the affected portion impacts upon a bronchus, say near the root of the lung, it thereby prevents the transmission of the vibrations from the immediate neighborhood of their origin. The same phenomenon is observable when a foreign body or when, in pneumonia, a clog of mucus is lodged in a bronchus.

In pleurisy the formation of fremitus depends upon the degree of involvement of the lung, and through the latter, of the bronchial tubes.



From all this it evidently appears, that vocal fremitus has only a relative value.

The acoustic signs of the third stage are, to all intents and purposes, identical with those of the first.

These stages may, however, be distinguished, one from the other, from the fact that in the *first*, air in a diminutive quantity exists in the air cells, whereas, in the *third* the organ again resumes its proper function and air is again found in the alveoli.

Taking this view of matters, our main object in the second stage should be to determine to what extent the involved portion has become void of air.

Hence, it is evident, gentlemen, that the acoustic signs of pneumonia far from possessing that pathognomonic importance which was formerly attributed to them; that in reality they can only assist in confirming a diagnosis in connection with other clinical symptoms and that consequently they possess only a relative, not an absolute value.

A divergence from these positions is perceptible in the case of hypostatic pneumonia in adults and pneumonia in children.

In diseased conditions, with depression of the nervous system, in which we are limited to the discovery of objective symptoms, and which we seek most zealously in the respiratory apparatus, because experience teaches us that, from the pulmonary system especially the "beginning of the end" threatens, very often a mucous rale, appearing in the lower lobe, may indicate to us the course to be adopted by which we may prevent pulmonary apoplexy. Therefore it is justly considered a necessary rule, to auscult this region in typhoid patients who have entered upon the second stage of the disease, although it may be very irksome to make them assume an erect posture.

Authors generally describe this hypostatic rale as a moist, crepitating or vesicular rale. I imagine, however,

that I have discovered that this character is attributable to it only after serous infiltration has occurred, and that it is then a most unfavorable omen. Previous, however, to this stage, the rale rather assumes the characteristics of the so-called "dry" rale. Although the idea conveyed by the term "dry rale" is theoretically acknowledged as a *contradictio in adjecto*, yet in practice the term has been obstinately retained, together with catarrh sec, which also has been handed down to us by Læmæc. In some future article I shall more elaborately criticise this view. Suffice it for the present to say, that we cannot take it for granted that a dry rale originates in the continuity of the bronchial tube, but that, as in the case now under consideration, we must assume that its seat of origin is in the larynx and not where it is heard.

Patients who from some cause or other, become unconscious and are thrown into convulsions, and who afterwards sleep them off under continued spasms of the glottis, produce the same rale (hoo) as that heard in hypostatic pneumonia and this rale can also be felt as the so-called consonating rale. This phenomenon I have accounted for in the following manner: Patients suffering thus do not breathe with the entire lung, but only with the lower lobes; their respiration is partly abdominal, whilst some portions of the lung do not perform their functions at all, or too feebly to draw in the quantity of air necessary for the production of the respiratory murmur. Opposed to these cases are those of dyspnoea, in which the powers of the lung are taken in requisition to perform the act of inspiration. In such cases we are said to hear loud, dry rales over the whole surface of the chest. Now, I am of the opinion that the extension and strength of this sound indicates that part of the lung which is still capable of performing the act of breathing, and that it points to the part in which nothing is heard as the one which is most endangered. This explanation

is in strict conformity with the latest explanation of the vesicular murmur.

In young children pneumonia may produce symptoms which would rather indicate an acute disease of the brain or abdominal cavity, than of the thorax. And many a case which had been treated as a case of meningitis or softening of the stomach turned out, after a post-mortem examination, to be a case of pneumonia. Even though pleuro-pneumonic stitches are present, children very often refer the seat of pain to the abdomen, and hence the pleximeter is our ultimate resort to localize the disease which has given rise to the general disturbances.

Now, in examining children certain precautions are indispensably necessary. In the case of crying children the thoracic parietes are put on the stretch by the forced expiration, and thus dulness may be produced, especially over the inferior lobes, and this may lead to the inference that infiltration exists. This dulness disappears, however, during inspiration. Only when the dulness continues, both during inspiration and expiration, can pneumonia be said to exist.

On the other hand, infiltration may escape detection by percussing in the wrong manner—by striking the pleximeter too forcibly. This is most apt to occur where the infiltration is superficial, and where the healthy lung structure which lies beyond, emits a clear resonant sound.

It strikes me that mediate or instrumental percussion is not at all suitable for the infantile thorax, and that if infiltration occurs in children it is advisable to practice what the English call "filliping," by means of which not only the resonance, but also the resistance of the part can be satisfactorily examined.

Thus far, gentlemen, we have confined our attention to the acute forms. Let us now take into consideration those chronic forms which, though they owe their origin to different processes, are yet comprised under the common name of *Chronic Pneumonia*.

When speaking of croupous pneumonia, I called your attention to the fact that an appreciable infiltration does not always occur. In chronic cases, however, infiltration takes place much more frequently. Thus only a few days since I percussed a man suffering from chronic disease of the lung, whose expectoration was of a confluent, foetid nature; there was complete flatness from the third to the sixth rib and a clear sound over the anterior half of the right side of the chest and over the apices. Most generally such cases are far advanced and solidification has been doing its deadly work for many years.

Of late it seems that the exploration of phthisis, especially the early detection of its local manifestations in the apices of the lungs, is giving birth to the same self-delusions which were thought to have been consigned to their final resting place after the universal condemnation of subtleties of Froumet. Amongst these subtleties I class "the closing up of a cavern;" for anatomists—Buhl and others—have proved conclusively that a cavern, even though it had reached the size of a pea only, is never closed.

"The recognition of the diminution of an area dulness," which had been distinctly made out at the commencement of treatment, is to be classed under the same head.

The diagnosis of "catarrh of the apices" as a specific disease seems to have become a favorite with specialists owing, no doubt, to the similarity of the material which comes under their observation. If they would examine more carefully they would find that the symptoms to which they attribute such specific value, occur in various healthy and diseased individuals.

I do not deny them the capability of making a positive diagnosis, but it appears to me that they arrive at their results rather more by a general empirical calculation than by interpretation of the minute and indistinct acoustic observations, especially since I believe to have

observed that they neglect the precautions necessary to arrive at any definite result.

In this connection the following hints and processes may not be unworthy of consideration:

As far as percussion is concerned, the shoulder-notches seem to be too narrow to admit of any appreciable change of resonance. And least of all can these differences be perceived if, as is now becoming the fashion, the pleximeter is struck with the first fingers.

It seems to me that the clavicle is the pleximeter furnished by nature for the percussion of the apices of the lungs, to be struck with the finger or a percussion hammer, and that mediate percussion is applicable rather to the back and abdomen than to the anterior surface of the chest.

It is here that I would also recommend a phonometric examination which will reveal, even to one not skilled in percussion, the most minute differences of sound. If you consider that in phthisis the apex of the lung generally inclines posteriorly and that anteriorly it is covered with a pleuritic membrane, which latter causes the tuning fork to resound less forcibly, you will not infer the condition of the parenchyma from the phenomenon of dullness.

Finally, differences of sound may apparently exist in the two sides owing to a faulty position of the patient whilst he is being examined. As a general rule, patients show a tendency, whenever the pleximeter is placed in one of the supra-clavicular notches, to turn their heads towards the opposite side, and thus by putting the platysma myoides muscle on the stretch they furnish an accessory substratum for the production of dullness. The correct position in percussion is to hold the head erect, drawing the chin slightly downwards. Concerning auscultation, I would say that, above all things, it is necessary that you ask your patient to breathe with his lips



closed, because otherwise the bucco-pharyngeal murmur\* will be so loud as materially to interfere with your stethoscopic examination. A few trials will convince you that there is quite a difference in the stethoscopic result, according as the patient breathes with his lips open or closed during exploration.

Besides, before pronouncing a case "catarrh of the apices" you must be very careful and examine your patient repeatedly, especially if the expiratory murmur is increased and inspiration prolonged on the right side, because, as you well know, the direction of the right bronchus causes a difference in the acoustic signs.

The return of vesicular breathing in a tuberculous portion of the lung after treatment, is, in my opinion, not attributable so much to a "dissolution of the tuberculous masses" but is to be explained by similar reasons as those adduced by Toldt for the same differences in spirometric results, namely: By any particular plan of treatment, be it increased bodily exercise, or exercising the lungs by means of an apparatus, a large number of alveoli which had remained intact, become fit to admit air, and, therefore, they make the area of vesicular breathing more perceptible, whilst those air cells which produce an indistinct, or sharp sound, pass unnoticed.

In conclusion, gentlemen, I would say that the time has come when percussion and auscultation must renounce the name of a specialty in the popular sense of the term; a fact which will evince progress in the right direction. For an art can only then be said to be perfect when it has distinctively designated its appropriate sphere, and when it has sharply marked out its limits, and beyond which its truthfulness and utility must forever cease. But auscultation and percussion will, nevertheless, continue a special branch of education, inasmuch as their application presupposes a certain skill, or as

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\*Frounet's bruit bucco-pharyngeen. Germ. n., Mönckeuchen



Corvisart put it, "a medical education of the senses." This dexterity can be obtained only by minute, persevering instruction. Nor should constant, unflinching practice, an equally important element of success, ever be neglected. As diagnostic auxiliaries they must contribute their part to form links of the chain that constitutes the totality of physical diagnosis.

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### *PHTHISIS:*

#### ITS TREATMENT AND PROGNOSIS.

by WILLIAM PORTER, M. D.

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Post-mortem examinations show that even when destruction in the lung has been considerable, repair may take place and the evidences of repair and destruction are found side by side. The fatal termination is often due not to a continuous and unimpeded decline, but is the result of a contest made unequal by the failing power of resistance. A man predisposed to phthisis or even one in whom the disease is determined, may repel its every advance until from a severe accident, or illness having, it may be, no direct connection with pulmonary disease, his strength is diminished and the process of tubercular invasion and destruction runs a rapid course.

Hence it is a plainly indicated duty of the physician to guard the weak points of those who are constituted favorable subjects for phthisis, and where the disease is established to assist all that tends to repair, and remove all that aids destruction. A dyscrasia unaided by con-

ditions favorable to its development, may never ripen into disease and as this is emphatically true of tubercular predisposition, too great stress cannot be laid upon the importance of every rational means used as *prophylaxis*.

If we aim to prevent phthisis altogether, we must begin with the most fruitful cause and urge that persons who are of tubercular habit should not marry. Faulty constitutions should not be multiplied and many an illustration of this truth may be found in the practice of the stock-raiser and the horticulturist. If one parent has a tendency to phthisis, the children may escape, but if both are affected, we look in vain for healthy offspring.

When children are born to this wretched inheritance, the work of fortifying the system may be at once begun. A tuberculous mother should not nurse her child for its sake as well as her own and if a healthy nurse cannot be secured, proper artificial food must be resorted to. The early surroundings of tainted children should be carefully studied and for these especially pure air and out-door life are most important. The fate of hundreds of children is sealed by the hot-house system and the furnace, thought so necessary in our modern houses. Undue exposure, bad as it is, is not so productive of phthisis, as undue confinement in early life.

Bathing, nutritious food and warm but slight clothing during childhood are most important means for the prevention of phthisis. The correct position of the body should be maintained with reference to the healthy development of the chest, which may be assisted by proper gymnastic exercises. Believing that caseous degeneration of enlarged glands, either of strumous origin or following measles or scarlatina may furnish an exciting cause in many cases of tuberculosis, the removal of this cause is a matter of moment. If the enlargement is not materially reduced by general consti-

tutional treatment and hygiene, the glands may be extirpated, or they may be injected with acetic acid and so made to disappear. It may be accepted as a rule, that by strict attention to the rules of hygiene, hereditary tendency may be overcome, but by neglect, phthisis can be induced in any system.

Where the disease is established, one of the first indications is to *improve and maintain the nutrition*. For this purpose cod-liver oil should be given; and persevered with. There can hardly be any objection to the oil if given in the form of emulsion and in proper quantity. There is probably no better preparation than Wyeth's with the lactophosphate of lime and this should be taken at first in but teaspoonful doses which may be afterwards increased. If the oil cannot be borne, malt extract may be used instead of, or alternately with the oil. These may be given with, but must not take the place of generous easily assimilated food, to which they are aids but for which they cannot be substituted.

*Inunctions of olive oil* sometimes retard excessive waste and promote repair by assisting to keep the body soft and warm, while if the oil is well rubbed in as the patient stands before the fire, much of it may be absorbed. An ounce may be thus applied night and morning with good effect. Other oils and products are recommended, but most of them are either non-nutritious or objectionable on account of their odor.

*Rest* is most important where there is active pulmonary mischief. As in the pre-tubercular stage the young, particularly, are made to suffer from deficient exercise, so on the other hand, where there is actual pulmonary disease, no little harm is done by recommending and stimulating patients to physical effort. While it is best in chronic cases that short walks and open air exercises should be kept up, in active disease of the lung especially if there is much pain with short-

ness of breath and cough, complete rest should be enjoined.

*Strapping the chest* in phthisis is often productive of the best results, when the disease is limited to one apex. If this is done carefully, excessive action of that side is controlled and as the inflamed part is comparatively at rest—not compressed—it is in the best possible condition for repair and often it is that restlessness, cough and pain are quickly allayed by this simple measure. McCrea of Belfast and Roberts of London recommend strips of adhesive plaster passing alternately over the shoulders and under the arm, but I have obtained better results by placing a firm thick pad over the point of disease and making pressure through it by means of a stout belt passing around the body. Some care is necessary to fix the pressure at the right point, but with a few adhesive strips and a shoulder piece, this chest truss may be made both comfortable and efficient.

The influence of *climate* upon patients with phthisis has received attention from all who are interested in the treatment and while there has not been a uniformity of opinion expressed, experience and facts gleaned from the most reliable sources teach us that those in whom there is as yet no destruction of tissue, whose lungs will bear expansion and rapid action, are benefited by residence in a rarified atmosphere at a high level, as in many parts of Colorado; others in whom there is progressive disease and waste with weak heart action and debility, do better, at least during the winter months, in a southern latitude where they may be much of the time in the open air; while those who are far advanced in phthisis should not exchange the comfort of home for what they might gain by a change of climate, though in all stages, low and damp localities should be avoided. It is well known that an increase in the circumference of the chest often takes place in those who go from a low level to live in a higher one; this increase may also be

made by exercise and the inhalation of condensed air if the disease has not progressed too far.

*The hypophosphites of lime and soda* have been widely advertised and are sometimes of service; they seem to act by increasing the strength and appetite; they are of most value when given with cod liver oil. A quick pulse with high temperature contraindicates their use and indeed they not infrequently seem to produce this condition. In a large proportion of cases they are of little benefit, while in some cases they undoubtedly do harm. In my own practice I have found *arsenic* more efficient than the hypophosphites and more widely applicable. It is one of the few remedies that tend to give strength to the patient and to retard the disease in the advanced stages.

*Inhalations* of different kinds do much to relieve local distress in phthisis. Spray cannot reach the more remote parts of the lung while vapor may be made to penetrate as far as the air itself. There need be no mystery in regard to the manner of using inhalations—the simpler the method, the better in every way. The patient should be taught to expire as much as possible when with a deep inspiration the vapor is carried into the lung where it may be retained for a few seconds always remembering that the movement of the part must be limited if much diseased. After all, this method can but meet local needs, it cannot antagonize a diathesis of which the pulmonary lesion is but an outgrowth, and all inhalations including the famous stœchiological vapors “the intellectual property” of Dr. Churchill necessarily fail where a curative effect is expected from their use.

Where there is a free secretion of pus with labored expectoration, tar vapor may be inhaled with benefit. An ounce of tar is placed in a shallow bowl, heated, covered with boiling water, and the vapor inhaled through an inverted funnel placed over the bowl. If



this is continued for five minutes and repeated frequently during the day, generally the formation of pus seems to be limited, expectoration becomes easier and the bad effects of retained and decomposing pus prevented. A few grains of iodiform added to boiling water, the steam of which is inhaled, often gives relief from pain and irritation, while nothing has a happier influence upon a patient suffering from a severe paroxysm of cough than to inhale steam, impregnated with tincture of opium. A feeling of tightness and constriction is often relieved by two grains of iodine in ten drops each of chloroform and ether inhaled from a wine glass, the warmth of the hand around the glass causing the contents to evaporate rapidly.

*Alcoholic stimulants* have a place in the treatment of phthisis if used judiciously. When the vitality is lower than usual, the pulse feeble and the patient restless and wakeful at night, or sinking rapidly, worn out by the persistency of the subjective symptoms, a stimulant will do good provided the heart action is not too greatly quickened thereby. An ounce of whiskey in hot water at bed-time will often prevent a night sweat, though if the latter come regularly, the stimulant will be most effective given an hour previously.

*Remedies to control the heart-action* are often needed. Nothing is more decidedly opposed to repair in phthisis than a heart goaded to increased action sending the blood through the diseased lung. If the pulse is constantly quick, small doses of veratrum viride should be given, but, when, as it is frequently, the heart is irregular in its action, quicker sometimes than at others and varying in strength, digitalis is undoubtedly indicated.

*Counter-irritation* employed indiscriminately does more harm than good. In the early stages if the inflammatory symptoms are well marked iodine, croton oil and even a blister may be applied to the chest wall, but

more important is it and more effectual, that the lung should be put at rest.

*Laryngeal complications* are troublesome and persistent. Irritation may be relieved by inhaling vapor from heated lime-water, or if there is swelling and thickening, a solution of tannic acid may be applied with the brush, followed in a few minutes by a solution of morphia. Where the infiltration about the arytenoid cartilages is excessive, I am in favor of injecting the distended mucous membrane with a few drops of tincture of iodine by means of a hypodermic syringe, which, entering at one side externally, above the superior margin of the thyroid cartilage, should pass downwards and backwards, when, by aid of the laryngeal mirror, the operation may be completed. If the needle is of small caliber, long, sharp and slightly curved, there need be but little difficulty. Some pain follows, succeeded by diminution of the thickening and contraction of the mucous membrane.

If a diagnosis of syphilitic phthisis is made out, and is correct, the happiest results will follow specific treatment—iodide of potassium internally and inunctions of mercurial ointment being the best.

Pulmonary hemorrhage can, in most instances, be controlled by ergot, rest, and in urgent cases, applications of ice to the chest. Opiates are sometimes necessary to relieve the cough, not diminished by the means already mentioned, but they should be used sparingly.

The foregoing is an outline of general treatment in phthisis, but in each case will arise symptoms and conditions for which no rule can be given, and which will require all of the physician's skill and attention, and in no other disease is care and perseverance more amply repaid. The day is past when phthisis was considered necessarily fatal, when physicians only attempted a palliative treatment, leaving their patients to sink under the double burden of disease and hopelessness. Bennett

has shown that at more than one-fourth of the post-mortem examinations of patients who died after the age of forty in the Royal Infirmary of Edinburgh, old condensations and cicatrices were found, while Bondet, of Paris, has demonstrated substantially the same thing. This was before 1845, and even then it must have been that spontaneous cure of phthisis frequently occurred. Since then the mortality from this cause has steadily decreased, being better understood and treated, until the reports of the Registrar-General of England show that while previous to 1840 the proportion of deaths from phthisis to the whole number was 16 per cent., in 1864 it had diminished to 10.4 per cent., and since then even this rate has been lowered.

At present facts prove that instead of phthisis being invariably fatal, treatment in most cases tends to prolong life, and in many, to complete restoration to health. The prognosis should in every case be guarded, and in early cases encouraging, if the constitutional symptoms are not too severe. Fever, emaciation and loss of appetite are exceedingly unfavorable, but even these conditions may be controlled, or their intensity lessened.

Favorable symptoms in phthisis are: The disease increasing but slowly; limitation for the most part to one side; little or no fever, and a fairly good appetite. Cases of this kind ought to recover, and by careful treatment and hygiene many of them will. Phthisis is no longer the *opprobrium medicorum* that it was in former years, and there is good reason for the hope that in the near future when it is understood that phthisis does not necessarily kill, when physicians shall attempt not only to palliate but to cure, and the patient encouraged by a probability of recovery, that the ravages of this dread destroyer shall be greatly lessened.

500 NORTH FOURTEENTH STREET.

## Proceedings.

### ST. LOUIS MEDICAL SOCIETY.

St. Louis, February 17, 1877.

The Society was called to order by the President.

The resignations of Drs. Papin and Yarnell were accepted.

Dr. Hodgen showed an aneurismal sac, which had been found in a patient whose leg was amputated. [Vide Hospital Reports, March number.

Dr. Montgomery read a paper on "Membranous Croup" (which will be found in the present number of this journal) in which he described the symptoms of the disease and detailed the course of treatment usually pursued by himself.

Dr. Hurt objected to the classification of membranous croup with the zymotic diseases, unless it is of the diphtheritic form.

Dr. Wm. Porter: The fungus which remains after filtering the urine of a diphtheritic infant, is inoculable and produces local diphtheria. After a time a systemic affection is produced and a new membrane is formed. He distinguished between local diphtheria which can be aborted and constitutional diphtheria.

As an emetic he advocated the use of apomorphine.

Dr. Prewitt held that probably there is a difference between croup occurring in this country and that found in Europe. He also spoke of croupous bronchitis and enteritis which are not contagious, whilst contagiousness is the most common characteristic of diphtheria.

Diphtheria is a local disease first, and becomes constitutional afterwards, just like syphilis.

In answer to a question of Dr. Gregory, he said that syphilis is local at the outset, which is evidenced by the appearance of a chancre; for the chancre is the result of

changed local cell action produced by the syphilitic virus.

Dr. Gregory : The local disease in syphilis is merely a constitutional reflex. The vaccine poison when locally applied works a peculiar susceptibility of the system to the empoisonment.

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## Reviews and Bibliographical Notices.

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THE ANNUAL REPORT FOR 1875 OF THE SUPERVISING SURGEON-GENERAL OF THE MARINE HOSPITAL SERVICE OF THE UNITED STATES, (Dr. John M. Woodworth,) has had our attention for a few hours, and we find it full of interest to the citizen doctor as well as soldier.

A large part of the work consists of medical and statistical reports of the service tabulated, the location of the *relief ports* being indicated on a map of the United States.

An appendix is supplied, consisting of papers from different authors on the most important diseases treated at the various hospitals. On yellow fever, by Robert D. Murray, of Key West; by James S. Herron, of Pensacola; and John Vanzant, of New Orleans.

These papers are creditable to their authors, being suggestive to the profession in the matter of treatment, as also to the Municipal authorities concerning quarantine and the use of disinfectants.

The most elaborate and important paper is contributed by Prof. P. H. Bailhache on *Syphilis and Chancreoid*. The musty records of primitive "indiscretions" of the human family are ruthlessly exposed, showing that the disease long antedates the discovery of America, and by quotations from *Job* and *David*, make it more



than probable that the ravages of these diseases on their persons were the occasion of their most pathetic lamentations, e. g., Job says, "his bones are full of the *sins of his youth*," etc.

Our author believes in the duality of syphilis, and supplies a table enumerating forty-eight points of difference between chancroid and true syphilis, which ought to settle the differential diagnosis, and to our mind does, conclusively.

Under the head of *Legal Regulation*, or Quarantine of the disease, he discourses sensibly as follows: "That a city or State has the same right to limit the personal liberty of any one who endangers the public health by propagating one disease as it has to isolate him for spreading another, is too self-evident to require demonstration; yet we present the anomaly of guarding against the lesser evil, while we ignore or actually encourage the propagation of the most dangerous and implacable enemy of the human race." The article is concluded by a series of experiments, the results of which are summed up as follows:

1st. Chancroid always reproduces itself either in persons with soft chancre or in those affected with secondary syphilis.

2d. Occasionally a sore is met with presenting many of the characteristics of a chancroid, that may be followed by secondary symptoms, and secondary syphilis may be communicated to others from these sores. This is undoubtedly a mixed or mongrel variety of syphilis.

3d. A syphilitic sore proper (or Hunterian chancre) cannot be reproduced in a person who has once been afflicted with it.

4th. Chancroids can be reproduced indefinitely.

5th. A person having a true chancre may contract a chancroid, and *vice versa*.

6th. A person having a true chancre cannot be inoculated with the virus from his own or any other true chancre.

Part of the above conclusions are the result of the experiments made, and part from a long experience in the treatment of venereal diseases.

"I think it inhuman to inoculate a man, without such a taint, with virus from a true chancre. Consequently that experiment was not made."

The section on Paralysis and Epilepsy is of unusual interest on account of the experiments with the *Seton*—eighteen cases of hemiplegia being treated in hospital and eight in private practice. Fifteen out of the twenty-six cases treated *recovered*, and seven improved; one death; one remained under treatment, and one proved to have softening of the brain. Of the five cases of Epilepsy treated, two recovered, two were improved, and one not improved. He always uses a large seton, from fifteen to twenty strands of silk or flax thread, allows it to remain four months, removing it only when the patient seems to be permanently improved, or recovered, unless too great irritation is produced when he removes it temporarily.

The work reflects the highest credit on the Supervising Surgeon-General, John M. Woodworth; also his collaborators engaged in this important department of the government service. E.

**CIVIL MALPRACTICE.** A treatise on Surgical Jurisprudence, with chapters on Skill in Diagnosis and Treatment. By Mills A. McClelland, M. D. H. O. Houghton & Co. publishers, Boston.

The author says, in his introduction, "From the increasing frequency of suits for alleged negligence and want of skill on the part of physicians, particularly in the West, it seems that such a compilation is now needed." When we consider how long it takes for any student to acquire a fair knowledge of *bone surgery* compared to the brief time given to it in an ordinary course of medical studies in this country, the wonder is that there are

not ten times as many suits as there are, say nothing of other blunders not so monumental as in bone surgery.

Another reason for the comparatively few suits may be, that if judgments were obtained they would be valueless (so far as the sheriff or assessor knows), judging from the general complaint of the profession of poor pay, from overcrowding, low fees, etc. It will not be claimed that one in ten of those graduated after a few months' study, or more properly attending at a speculative medical college a few months, can possibly be competent to treat any and all kinds of injuries, suits for mal-practice are likely to multiply until the present shameful practice (of some of these institutions) of graduating young men on a few months' study, reacts on them to their annihilation or radical improvement, or, better still, the establishment of State Boards of Examiners for license to practice.

Great labor and painstaking by the author are manifest in the collection of cases from the courts of record. Good judgment and much skill are displayed in the selection and arrangement of material of which the volume is composed. The character of the fracture or injury the bone has sustained, and part of the bone; the apparatus used, the time after the injury, the sex, the result, etc., being arranged in tables, makes the work convenient for reference in bone cases.

The book deserves a place in every physician's and lawyer's library. While the style of the author is pleasing and attractive, the substance of his book is instructive as to the methods of courts, lawyers and juries, admonishing every surgeon to have an intelligent witness when he dresses a fracture, when he redresses it, and finally when he removes the dressing; it matters not whether the patient is friend or foe, rich or poor. E.

THE PRACTITIONER'S HAND BOOK OF TREATMENT; or The Principles of Therapeutics. By Dr. J. Milner Fothergill, M. D. Svo. pp. 595. Philadelphia: Henry C. Lea. 1870.

We are informed by the author, in the preface, "that this work is an attempt to explain the *rationale* of our therapeutic measures. First, the physiology of each subject is given; then the pathology is reviewed, so far as it bears upon the treatment; next, the action of remedies is examined; after which their practical application in concrete prescriptions is furnished. "It is designed to furnish to the practitioner reasons for the faith that is in him, and is a work for the bedside rather than the examination table,"

Our friends will find this a very readable book; and that it sheds light upon every theme it touches, causing the practitioner to feel more certain of his diagnosis in difficult cases.

In relation to stimulants he considers *alcohol a food*, and argues as follows, page 230:

"In attempting to fairly estimate the action of stimulants, and especially of alcohol, one point it is of the utmost importance to remember. It is this: Alcohol is a food! If alcoholic stimulants were mere disengagers of static force, early exhaustion would be the rule; but as alcohol is a readily oxidizable form of hydro-carbon, it is also a food as well as a stimulant. In fact it is one of the most easily assimilable forms of food, and very frequently it can be taken and utilized when no other forms of food are available. While it is a stimulant, an evoker of force, it also supplies to some extent that force in its readily oxidizable self.

The recent experiments of the late Dr. Anstie and Dr. Dupré have placed beyond all question or honest doubt, the fact of the oxidation of alcohol within the organism. If alcohol is oxidized in the body, then alcohol is a true food, or furnisher of force. It is of great importance to have definite ideas on this head. In administering alcohol as a stimulant we also give a food. If it were not so we should often exhaust the patient whom we really conduct through a time of peril into a haven of convalescence.

When after stimulants—as ammonia or ether—are given we must remember that they are not foods, and their administration must be accompanied by food and alcohol.”

Beef-tea he considers a useful stimulant rather than a food, its oxidizing power being so small as to furnish little or no force to the system. If our author is not always right, he is an independent thinker, and prompts his readers to think and form more definite and fixed reasons for the practice they may adopt in any given case.

We confidently commend the work to our readers as one worthy of careful perusal. It lights the way over obscure and difficult passes in medical practice. The chapter on the circulation of the blood is the most exhaustive and instructive to be found. It is a book every practitioner needs, and would have, if he knew how suggestive and helpful it would be to him. E.

CONTRIBUTIONS TO REPARATIVE SURGERY, ETC. By Gordon Buck, M. D. Illustrated by numerous engravings. 237 pages, 8vo. D. Appleton & Co., New York, 1876.

Dr. Buck has been long known as an expert in plastic surgery.

The book consists chiefly of a record of operations performed by the author for the remedy of deformities either congenital or occasioned by burns or other accidents.

The accounts seem to be a faithful record of conditions, proceedings and results, with scarcely a grain of imagination thrown in for grace of speech, or as aids to conception.

In the brief introduction, he gives his management of raw surfaces (p. 13) which is of general interest.

“After all hæmorrhage has ceased, the raw surface should be coated first with a uniform layer of scraped lint, and then with an additional layer of lint saturated with collodion. This dressing soon stiffens and forms an artificial scab which remains adherent from six to ten days, when it becomes detached by suppuration.”



The cases are distributed in three classes.

I. Loss of parts involving the face and resulting from destructive disease or injury.

II. Congenital defects from arrest or excess of development—hare-lip.

III. Cicatricial contractions following burns.

A considerable number of the cases are illustrated by wood-cuts executed from photographs, and in many cases lines are drawn showing the positions and relations of the incisions practiced.

Very little amount of space is devoted to general considerations, which underlie details of practice, and which help the mind to a conception of the whole. The narration is as brief as is possible, with a full understanding of the cases and processes, and is without one word of self-laudation.

The book will prove of great value to those who engage in this branch of surgery, but from the destitution of ideal conceptions it will never be read though from beginning to end. It will be employed to refer to when one has a case like one of the cases in the book in order to see how he did it.

There will then be this great value in the reference, that every word can be taken for true.

D. P.

MEMOIRES SUR LA GALVANO-CAUSTIQUE THERMIQUE PAR le Docteur A. Amussat Fils Avec 44 Figures intercalées dans le Texte Dessinées par Fagnet gravées par MM. Blanadet, Rapine, Salle et Thiébault Paris Libraire de Germer Bailliere 17 Rue de L'école-de-Medecine 1876. 12 mo. pp. 127.

Briefly historical and descriptive, this little work is mainly casuistic, giving the use of the galvano-cautery, in the hands of the author, with good results in a wide range of cases.

D. V. D.

A PRACTICAL TREATISE ON DISEASE OF THE SKIN. By Louis A. Duhring, M. D., Professor of Diseases of the

Skin in the Hospital of the University of Pennsylvania; Physician to the Dispensary for Skin Diseases, Philadelphia; author of "Atlas of Skin Diseases," etc., Philadelphia: J. B. Lippincott & Co., 1877. 8vo., pp. xv. 618.

Written by a former pupil of Hebra, to whom it is dedicated, this work follows the classification of the latter, with certain changes and modifications, employing, also, essentially the nomenclature now in common use by the most eminent teachers of our own country and of Europe. It is, we think, a successful attempt to write a plain, practical treatise for the American student and physician, in which some, at least, of the discrepancies of eminent authors are accounted for by pointing out the variations in type of several diseases of the skin as they occur on the two continents. The student will find little in this book that he may not turn to good account in his subsequent studies, which is much more than can be said of some extant works on cutaneous affections.

The complete absence of cuts illustrating the micro-pathology of cutaneous affections, except parasitic diseases, is both an advantage and a disadvantage. D. V. D.

ATLAS OF SKIN DISEASES. By Louis A. Duhring, M. D. Part I. Philadelphia: J. B. Lippincott & Co., 1876. Royal quarto.

"It is to give to the profession a series of illustrations representing the dermatology of our country that the present work has been undertaken." It is intended to contain original, nearly life-size, chromo-lithographic representations of all skin diseases which the practitioner is likely to encounter; and with each illustration will be given a history of the case, a description of the lesions, and remarks upon the nature of the affection, its diagnosis and treatment. The Atlas is promised to appear quarterly in parts, not to exceed ten, containing each four plates executed in the highest style of the chromo-lithographic art. The fasciculus before us

illustrates Eczema (erythematosum), Psoriasis, Lupus (erythematosus), and Syphiloderma (pustulosum); and, to judge from the specimen, the Atlas will prove a very valuable work in itself, and a still more valuable companion to the more comprehensive, but entirely independent, "Practical Treatise on the Diseases of the Skin" by the same author and publishers. We bespeak the early completion of this Atlas.

D. V. D.

VORLESUNGEN UBER ALGEMEINE UND EXPERIMENTELLE PATHOLOGIE. Von Dr. S. Stricker o. ö. Professor der allgemeinen und experimentellen Pathologie in Wien. I. Abtheilung, Wien, 1877. Wilhelm Braumüller, k. k. Hof- und Universitätsbuchhändler.

The distinguished editor of the "Handbuch der Lehre von den Geweben" (Manual of Histology), and if the "Medicinische Jahrbücher," gives us, in these lectures on general and experimental pathology, a third of what his name alone should be a sufficient guarantee will be an excellent work. This *Abtheilung* contains eleven lectures. The publishers expect to furnish the second part during the year, and the third immediately after the second.

D. V. D.

CLELAND'S DISSECTIONS. By John Cleland, M.D., F. R.S., Professor of Anatomy and Physiology in the Queen's College, Galway. Henry C. Lea, 1877. pp. 182.

This work is evidently from the hand of one familiar with the wants of a thoughtful student.

It does not attempt to teach him anatomy but to guide him in the study of his subject. The book is not an epitome of the more complete works of descriptive anatomy, but indicates in a clear and instructive manner the important points to be noted by the dissection.

The author is a practical man, and offers to the student a work which is valuable because it is suggestive rather than descriptive. Its design is to encourage the study of the subject, to cultivate the student's faculty of observation to stimulate him to the acquirement of a positive instead of apparent knowledge of anatomy.

H. H. M.

## Books and Phamplets Received

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THE Relations of Medicine to Modern Unbelief. A valedictory address by Richard O. Cowling, A. M., M. D., Louisville, Ky.

ON the Importance of the Uterine Ebb as a Factor In Pelvic Surgery. By Horatio R. Storer, M. D., Boston.

THE Use of Uterine Supporters. By Clifton E. Wing, M. D., Boston.

PNEUMATIC Pressure and the Geno-Pectoral Posture in the Reduction of Uterine Luxations. By A. Sibley Campbell, M. D.

ANNUAL Report of the Supervising General of the Marine Hospital Service of the United States for the fiscal year of 1875. By J. M. Woodworth, M. D., Washington, 1876.

ON Some Conditions, Physical and Rational in Effusions of the Pleura. By Beverley Robinson, M. D., New York: Wm. Wood & Co. 1877.

A Course of Practical Histology Being an Introduction to the Use of the Microscope. By E. A. Schafer, with illustrations. Henry C. Lea, Philadelphia, 1877.

(For sale by the St. Louis Book and News Co.)

THE Microscopist. A Manual of Microscopy and Compendium of the Microscopic Sciences. Third Edition. By J. H. Wythe, A. M., M. D., 8vo., pp. 259. Lindsay & Blakiston, Philadelphia.

(For sale by Gray, Baker & Co.)

THE Practitioner's Hand Book of Therapeutics. By J. Milner Fothergill, M. D. Henry C. Lea: 8vo., pp. 525. Philadelphia, 1877.

(For sale by Gray, Baker & Co.)

TRANSACTIONS of the Medical Society of the District of Columbia, Washington, D. C., December, 1876.

A Practical Treatise on the Diseases of Children. By J. Forsyth Meigs, M. D., and Wm. Pepper, A. M., M. D. Sixth edition. Revised and enlarged. Philadelphia: Lindsay & Blakiston.

(For sale by the St. Louis Book and News Co.)

## Extracts from Current Medical Literature.

RELATIONS OF THE LIVER TO THE FORMATION OF UREA. Evidence has been accumulating for some time past tending to show that intimate relations exist between the liver and the production of urea in the system. By Meissner it was remarked long ago that urea was contained in considerable quantity in various glands, but especially in the liver; and Prevost and Dumas pointed out that the amount contained in the liver was increased after extirpation of the kidneys. Budge demonstrated that the disintegration of albuminoids is very active in this gland; and Cyon that if the blood be transmitted through the vessels of the liver the proportion of urea contained in it is augmented; and the general opinion of physiologists is in accord with the view originally taken by Bowman, that the urea is not formed at or by the kidneys, but that these organs serve only as filters, by which it is removed from the blood as fast as it is formed. A remarkably interesting memoir has just been published in the *Archives de Physiologie*, in which M. Brouardel adduces many striking pathological facts in favor of the view that urea is formed, in part at least, if not wholly, in and by the liver. The conclusions at which he has arrived,



given in a somewhat abbreviated form, are that in severe cases of icterus, the proportion of urea in the urine diminishes, or altogether disappears; that in the form of icterus produced by phosphorus poisoning, whether accidental in man, or the result of direct experiment on animals, the amount of urea undergoes considerable diminution; although in simple jaundice the quantity of urea eliminated does not diminish, and if present in large quantity the circumstance may even be regarded as affording grounds for a favorable prognosis.

In suppurative hepatitis, the amount of urea, as shown by Parkes, augments in the earlier periods of the disease, but it diminishes when the abscess has destroyed a large portion of the liver, though there may be a considerable degree of coincident fever. In biliary lithiasis leading to obliteration of the ductus communis choledochus and atrophy of the hepatic lobules, the urea diminishes in quantity. The diminution appears to be most notable during the crisis of hepatic colic, and the same thing is observed, according to Regnard, in intermittent hepatic fever. In cirrhosis, whether of the atrophic or of the hypertrophic form, the quantity of the urea eliminated is extremely small, even when the patient continues to eat well. In diseases of the heart, the development of cardiac liver causes considerable diminution of the excretion of urea. The variation consequent on repose and appropriate treatment may serve to establish the prognosis. In cases of fatty degeneration of the liver occurring in phthisical patients and in those affected with suppuration in the bones, the proportion of the urea falls to a very low point. As a general rule it may be stated that in cases of chronic disease of the liver, such as cancer or cystic disease, the destruction of a large portion of the substance of the organ is attend by a fall in the proportion of urea. On the other hand, cases of congestion of the liver are indicated and characterized by an augmentation in the elimination of urea; and so also in transient

glycosuria the urea rises when the sugar is present, or just at the period of its disappearance; whilst in diabetes the amount of urea exceeds in some instances the quantity present in any other disease. Lastly, in lead colic, the liver contracts, and the urea is diminished, but where the colic has passed off, the liver resumes its normal size, and the amount of urea becomes normal.

From all this M. Brouardel believes that it may be regarded as demonstrated that in diseases of the liver the quantity of urea secreted and eliminated in the course of twenty-four hours is dependent on two principal conditions—first, the state of integrity or of alteration of the hepatic cells, and, secondly, the greater or less activity of the hepatic circulation. It follows, he observes with reason, that the variations in the quantity of urea eliminated by the kidneys, providing these are healthy, may be employed at the bedside to establish the diagnosis and prognosis of lesions of the liver.—*Lancet*, Jan. 13th, 1877. [*Monthly Abstract*.]

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## Medical News.

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### *THE MEDICAL ASSOCIATION OF MISSOURI.*

Holds its next annual meeting in Kansas City, beginning Tuesday, April 17th. The Committee of Arrangements have secured a commutation of fare to those attending this meeting on all the railroads in the State. Gentlemen paying full fare to Kansas City will be entitled to a return ticket for one-fifth fare on showing the proper certificate of attendance. There is every indication that the meeting will be largely attended, and of great interest.

E. W. SCHAUFFLER.

At the annual meeting of the American Microscopical Society of the City of New York, held Tuesday evening, January 9th, 1877, the following officers were elected for the ensuing year:

\*President, John B. Rich, M. D., 1 West 38th street, N. Y.; \*Vice-President, Wm. H. Atkinson, M. D., 41 East 9th street, N. Y.; Secretary, O. G. Mason, Bellevue Hospital, N. Y.; \*Treasurer, T. D'Oremieux, 7 Winthrop place, N. Y.; Curator, John Frey, Bellevue Hospital, N. Y.

O. G. MASON, Secretary.

A YOUNG MOTHER.—An esteemed and entirely trustworthy correspondent has furnished us with the following facts touching a case which came under his observation. As an instance of early maternity, the case is one which certainly vies with any case on record. The girl first menstruated when ten years and six months of age. She became pregnant at eleven years and six months, and was safely delivered of a male child January 19, 1875. The reputed father of the child was, at the time, a hopeful of fourteen years of age. The child is still alive but not very strong or bright, although the promising parents are doing as well as could be expected. *Detroit Medical Journal.*

SYRACUSE UNIVERSITY, N. Y.—The annual catalogue shows that the medical department has adopted this year the "graded" system of instruction. Since 1872 this system has been optional; it is now compulsory. An examination for admission is also required. Each year's course represents a full year's work, the two terms lasting from October to July. Examinations are held at the end of each year. We most heartily wish the faculty success in carrying out this plan. In striking contrast to this system we find, according to the *Syracuse University Her-*

\*Re-elected.

*ald*, that a young man twenty years of age, a student in the medical department, who could not have graduated at that school until June, 1878, by attending a course of lectures at a prominent New York school this winter has been able to obtain his diploma. "The graded system" of medical education adopted by two or three universities in this country is, in our opinion the minimum which should be required for a good medical education. What sort of an education do New York schools give, and what might they not be able to give under a proper system with their varied clinical advantage?—*Boston Medical Journal*.

A CASE OF HERMAPHRODISM.—Dr. Cecceherelli, in the medical review of Florence *Lo Sperimentelli*, gives a description of a case of hermaphrodisism, which he has examined recently, and which resembles those reported by Virchow, Rokitsansky, and Seulz.

The Florentine monster is fourteen years of age; her (his) mammae are well developed and hang down; the right eye is larger than the left; the penis, with its hypospadean meatus, can receive a sound, which, about two centimetres from the meatus, meets with another aperture, through which the urine and spermatic fluid escape. She (he) is provided with a single testicle, which is well developed.

Until within the last few years this individual had been considered a female, and named Catalina, the glans penis having been taken for the clitoris. Introducing the finger between the two labia, below the glans, an eminence is found which possesses all the characteristics of the uterine neck. The female organs of generation are complete; she has menstruated regularly since her twelfth year, and has performed the copulative functions of the female, without any obstacles or difficulties. The prostate cannot be reached, on account of the presence of the uterus.

The seminal vesicles undoubtedly exist; the sperm, examined by Virchow, presenting spermatozoids, so that Catalina may, in her turn, be the active agent of coitus.—*Medical Press*.

INTEMPERANCE AND INSANITY.—Dr. A. E. Macdonald, physician of New York City Hospital for the Insane, says that during the past year there were four hundred and one admissions. Of these two hundred and eighty were intemperate, ninety were moderate drinkers, and only seventeen were abstinent. This record, combined with those of former years, shows that intemperance, more than all other active causes put together, is responsible for the mental aberration of the patients in this special asylum—*Lancet*.

THE BLUE GLASS MANIA.—The last and greatest catholicon is blue glass. A venerable citizen of Philadelphia is its discoverer. Medical men have been sadly pestered to explain "what does it amount to?" Several friends of ours have caught horrible colds in stripping themselves, so as to catch the beneficial effects of the blue rays on the bare skin. The Academy of Sciences of Kentucky have reported that blue glass light "increases the amount of carbon dioxide produced in animals," and goes so far as to say that blue light "may possibly prove useful in some diseases and injurious in others," in which their caution is commendable. Meanwhile, Dr. Javal, of Paris, has lately remarked on the general preference now existing for blue glasses over green glasses as protectives; and, discussing the use of colored glasses, observed that it was not at all certain whether particular colors are deliterious, and whether there is any advantage in extinguishing certain colored rays. The arguments on which the use of blue glasses are founded are, he say, valueless, and the whole question needs to be reconsidered.—*Reporter*.

THE value of blue glass as a histiological forcer was nowhere better shown than in the case of the man who attempted to cure a wart on his nose by its use. In two weeks' time he was unable to tell which was the nose, and which was the wart.—*News*.



## Editorial.

We have little hope of any bill's passing the present session of the Legislature to establish a State Board of Medical Examiners. Politicians are timid and disposed to go slow where evidence of division of sentiment exists. One ambitious opponent can do more harm than a dozen friends can overcome. Men sometimes gather a crumb of comfort from showing how much harm they can do. To this end they oppose, and, if possible, defeat anything the earnest friends of humanity may advocate. The perfect absurdity of their positions show want of sincerity; hence facts and arguments are of no avail where to know or do *the best thing* is not the motive. A measure that has received the sanction of a large majority of the best men of the profession, endorsed by our State Medical Association, and the St. Louis Medical Society, is denounced by one of our contemporaries as "infamous."

No argument is presented against the law that has not been refuted a hundred times over. The objector only claims that people should be permitted to do as they please in employing a doctor, and that *anybody* should be permitted to practice medicine, and "victimize, cheat, poison and maim, whom they may." If Mr. A.'s child has swallowed *concentrated lye*, and one of the "unwashed" happens to be near and is called in, and sends to the drug store for an *emetic*, and, in the mean time the child perishes, when *oils* and *acids* abound in the house, but, not knowing their chemical effects, are not used; all right; bad luck to Mr. A. Let him try again when he has another accident.

According to "infamous," this thing of legislating for the protection of life and health is all wrong. We should do away with our Board of Health. People should do

as they please. The butcher places in his stall the meat of the steer that died from bruises and injuries in the cars, or from disease, by the side of sound, healthy meat, and leaves you to your choice. Why not? People should be permitted to do as they please in matters affecting their health. Yes; but you can't tell the *bad* meat from the *good* by looking at it. Neither can you tell the bad doctors from the good by looking at them. You can't tell healthy milk from that taken from cows dying of *swill fever* by looking at it, and that is just the reason we have laws to protect, as far as possible, from these unseen dangers to health and life. But the butchers and dairymen denounce the laws as "infamous" that interfere with their vile traffic.

If evils were seen in their proper light the work of the unprincipled butcher and dairyman would scarcely be so reprehensible as that of thousands of *unprincipled and wholly unqualified* doctors scattered over the land, and who are being reinforced yearly by such overwhelming numbers as soon to make the average doctor of less repute than the tinker or scissors grinder on our streets. We notice many of our contemporaries share our infirmity in not perceiving the "infamous" nature of the bill we advocate for the better regulation of the practice of medicine.

The *Medical Times*, March 31st, says in reference to the annual "overflow" of incompetent doctors, that—

"In legislation is the only hope of cure. Each State may protect itself, and the action of the two States of New York and Pennsylvania would produce a profound impression."

The Richmond and Louisville *Medical Journal* for March discourses as follows on this subject:

"This movement, so essential to removing so many of the ills and evils which are undermining the status of American physicians, will never be fostered by medical

colleges; it must be pushed forward by the great Body of the Profession. When its success is secured, all of the unfortunate school quarrels as to fees, qualification, the duration of the undergraduate period, will be forever put at rest, and physicians will feel assured that no one can come in competition with them but those who have successfully passed the searching ordeal of an impartial and thorough State Examining Board. It is to be hoped that physicians through journals will press forward this movement, and take no rest until this great desideratum, this great medical essential, has been secured."

The author of "infamous" charges us with inconsistency because a contributor of an article in the February number of this journal had also an article in the February number of an *irregular journal* of this city.

The writer of the articles referred to, informs us that he "handed the manuscript to a friend to read; who took a copy of it, and had it published without his, the author's consent or knowledge," which is the extent of our complicity in the matter. We presume it is by a similar kind of logic that the bill we advocate is found to be "infamous."

That there is any considerable opposition to this law except, perhaps, by some *medical school faculties who are conscious of doing bad work*, is not true. On the contrary, we do not believe it possible for the law makers to pass an act that would be more popular with the people than the one we advocate for the better regulation of medical practice. E.

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In the JOURNAL, next the back cover, will be found several pages containing matters of interest to the profession. Our readers should not omit to glance over the advertisements if they would be informed where the best stocks of instruments are kept, or by whom the most approved pharmaceutical preparations are manufactured.

## Obituary.

Died, on Tuesday, March 5th, Dr. Gurdon Buck, of New York City, aged seventy years, author of a work on "Reparative Surgery, etc.

### ON THE DEATH OF SIR WILLIAM FERGUSSON.

The following lines appeared in the *British Medical Journal*, 24th February :

Gone the great heart, the gentle patient face,  
The soothing, strengthful hand of matchless grace,  
That strove 'gainst pain, and conquered in the race.

Gone the fine manliness of brow and form,  
The towering pride of strength, and friendship warm,  
Calm through all joy, and patient in life's storm.

Gone the firm friend—"the artist never dies;"  
And thou who wast in Surgeons' art so wise  
Will live forever in our memories!

Thy mantle falls; ah, who is worthy here  
To place it on new shoulders, master dear?  
Master now silent, whom we all revere!

Golden and good thy pupils' memories are  
Of thee, their olden, constant guiding star,  
Their light to honor in the obscure afar!

Did we repine, mistrust, misdeem, disdain,  
Thy bright example set us right again,  
To trace with faith the weary paths of pain.

To take with patient zeal our lot in life  
To fight with godly hearts the unending strife  
With pain and sadness, mingled and too rife.

Master! Thy place is vacant, and thy grave  
Is where the Northern pines and bluebells wave,  
Far from the London poor thy skill did save.

At rest, indeed! where rest so well is earned,  
And when the taper hath so brightly burned,  
We would not ask it couldst thou be returned!

But holding thy great nobleness of heart,  
Will cherish that till we ourselves depart,  
And love thee as thou wert, and as thou art!

NEWPORT, Isle of Wight, February, 1877.

G. H. R. D.

# Meteorological Observations.

By A. WISLIZENUS, M.D.

The following observations of daily temperature in St. Louis are made with a MAXIMUM and MINIMUM thermometer (of Green, N. Y.). The daily minimum occurs generally in the night, the maximum at 3 P. M. The monthly mean of the daily minima and maxima added and divided by 2, gives quite a reliable mean of the monthly temperature.

## THERMOMETER FARENHEIT—MARCH, 1877.

Day of Month.	Minimum.	Maximum.	Day of Month.	Minimum.	Maximum.
1	39.0	42.0	18	30.5	51.0
2	37.0	42.0	19	37.0	55.0
3	33.0	45.0	20	32.0	62.5
4	14.0	32.0	21	33.0	50.5
5	25.0	39.5	22	39.0	70.0
6	28.5	49.0	23	33.0	40.5
7	37.0	56.0	24	26.0	32.0
8	20.0	33.0	25	20.0	34.0
9	10.0	25.5	26	26.0	46.5
10	15.0	37.0	27	35.0	50.0
11	32.0	41.0	28	35.5	52.0
12	38.5	50.0	29	32.0	55.5
13	32.0	40.5	30	46.0	57.5
14	31.5	36.5	31	53.0	76.0
15	23.0	38.0			
16	32.0	45.0	Means	33.7	46.6
17	24.0	38.0	Monthly Mean	38.6	

Quantity of rain: 4.33 inches.

## Mortality Report.--City of St. Louis.

From February 27, 1877, to March 24, 1877, inclusive.

Diarrhea.....	6	Marasmus.....	7	Asthma.....	6	Cellulitis.....	1
Dysentery.....	7	" (Senile) ..	2	Bronchitis.....	31	Atelectasis Pulmo..	1
Enterocolitis.....	2	Rheumatism.....	2	Cong. of Lungs.....	13	Congenital debility	4
Erysipelas.....	2	Hydrocephalus.....	6	Emphysema.....	2	Icterus Neonatorum	1
Croup.....	2	Phthisis Pulmon..	77	Hæmoptysis.....	2	Spina Bifida.....	1
Diphtheria.....	9	Scrophula.....	2	Laryngitis.....	1	Malform. of Heart.	1
Tonsillitis.....	1	Tub. Bronchitis... 1		Pneumonia.....	72	Puerp. Septicæmia	1
Fever, Congestive..	4	Meningitis.....	11	" typhoid.....	7	Debility (Senile)...	14
" Bilious.....	1	General Tub.....	11	Perityphilitic Abs.	1	Asthenia.....	3
" Intermittent...	1	Tuberc. cerebral..	4	Ascites.....	1	Gen. Debility.....	1
" Remittent.....	1	Hæmorrhage.....	1	Enteritis.....	6	Burned.....	2
" Scarlet.....	2	Conges'n of Brain.	1	Gastro-Enteritis...	2	Fracture of Skull...	1
" Typhoid.....	6	Convulsions (inf'le)	26	Gastritis.....	2	Suffocated.....	1
" Typho-Mal.....	1	Epilepsy.....	2	Peritonitis Idioph.	3	Concus'n of Brain.	1
" Typhus.....	2	Inflam'm of Brain	11	Cirrhosis of Liver.	5	Poisoning (Morph.)	2
Septicæmia.....	3	Laryngismus Strid.	1	Hepatitis.....	3	Railroad Train.....	3
Whooping Cough...	15	Cerebro, spinal...	1	Hernia, Strang'ed	3	Kick.....	1
Alcoholism.....	1	Paralysis.....	1	Dyspepsia.....	1	Cutting throat (su)	1
Anæmia.....	3	Hemiplegia.....	2	Intus. of Bowels...	1		
Anasarca.....	4	Tetanus Idiopathic.	1	Nephritis.....	3	Total Deaths.....	446
Cancer.....	2	Trismus Nascent'm.	5	Uæmia.....	1	Under five years...	192
" Breast.....	1	Dropsy.....	2	Metro-Peritonitis..	1		
" Stomach.....	2	Fatty Deg. of Heart	2	Uterine Tumor.....	2	Stillborn.....	41
" Womb.....	1	Rheumatism.....	1	Necrosis Femer....	1	Premature Birth....	10

JAS. O'GALLAGHER, Clerk Board of Health.



# COMPRESSED PILLS.

Manufactured by **JOHN WYETH & BROTHER, Chemists,**  
NO. 1415 WALNUT STREET, PHILADELPHIA.

These "Compressed Pills," made by dry compression, are free from the coatings that render many other pills objectionable. They are readily soluble or diffusable, and being flat in shape, are more easily swallowed than those in any other form. Owing to the absence of the excipients ordinarily employed in making pills, they are smaller than those made by any other process. They are smooth, glossy and elegant in appearance, and are made only of the purest materials. Leading physicians have found these Compressed Pills to be reliable and quick in their action. The Pills can be sent by mail to druggists and physicians at an expense of 16c. per pound, or 1c. per ounce, for postage.

	Grains.		Grains.
ACID ARSENICI.....	1-20 1-50	MORPHINE SULPHAT.....	1-10 ½ ½
ACID, TANNIC.....	2 5	NEURALIC. {	Quinic Sulph..... 1½
ALOES (U. S. P.) {		{	Morphia..... 1-20
{ Pulv. Aloes Soc... 2		{	Strychnie..... 1-30
{ Pulv. Saponis..... 2		{	Ext. Aconit..... ½
ALOES et FERRI {		OPH.....	1½
{ Pulv. Zingib Jam. 1		OPH.....	Opil..... 1
{ Fer. Sulph. Exsic. 1		et CAMPH.....	Camph..... 2
ALOES et MYRRH {		OPH.....	Opil..... 5
{ Pulv. Aloes Soc... 2		et PLUMBI AC.....	Plumbi Acet..... ½
{ Pulv. Myrrhæ..... 1		PANCREATIN.....	1
{ Croci Stigmat..... ½		PEPSIN.....	5
AMMONIA BROMID.....	5 10	PEPSIN PORCI {	Bismuth Sub-Nit. 5
AMMONIA MURIAT.....	3 5	{	Pepsin Porci..... 1
ANTI-BILIOUS {		PEPSIN PORCI {	Pepsin Porci..... 2
{ Ext. Coloc. Co... 2½		{	Bismuth Sub-Nit. 5
{ Podophyllin..... 1		{	Ferri Met..... ½
ANTI-IPPECAC.....	1-10	et FERRI.....	Bismuth Sub-Nit. 2½
{ Pulv. Ipecac..... 2		et BISMUTH.....	Pepsin Porci..... 2½
DYSPEPTIC.....	2 ½	et STRYCHNIE.....	Strychnie..... 1-60
{ Ext. Coloc. Co... 2		PEPSIN PORCI et	Pepsin Porci..... 3
{ Ext. Nucis Vom. 2½		CALCII LACTO.....	Calcii Lactophos. 2
APERIENT.....	2 ½	PEPSIN PORCI et	Pepsin Porci..... 5
{ Ext. Coloc. Co... 2		FERRI.....	Ferri Pyrophosph. 2
{ Pulv. Rhei..... ½		PEPSIN PORCI et	Pepsin Porci..... 5
BISMUTH SUB-NIT.....	5 10	STRYCHNIE.....	Strychnie..... 1-60
BISM. SUB-NIT. et		PEPSIN PORCI et	Pepsin Porci..... 2
PEPSIN.....	2½	PANCREATIN et	Pancræatin..... 2
CALOMEL.....	¼ 1 2 3 5	et BISMUTH.....	Bismuth Sub-Nit. 2
CATHART. COMP. (U. S. P.)		PEPSIN COMP.....	Pepsin..... 2
CATHART. IMPROVED.		{	Sodi Lactac..... 2
{ Ext. Coloc. Simp. ½		{	Magnesia..... 2
{ Podophyllin..... ¼		PHOSPHORI.....	160 1-100
CATHARTIC (Vegetable).		{	(c. Sacch. Lactis 2 grs.)
{ Pulv. Res. Scam. ½		PHOSPHORI COMP. {	Phosphori..... 1-100
{ Pulv. Aloes Soc... 1½		{	Ext. Nucis Vom. ¼
{ Pulv. Cardamomi 1-9		PODOPHYLLIN.....	¼ ½ 1-10
{ Pulv. Saponis..... 2		{	(c. Sacch. Lactis 2 grs.)
CERH OXALAT.....	2 5	PODOPHYLLIN.....	½ ad 2
COOK'S.....		PODOPHYLLIN COMP. {	Podophyllin..... ½
{ Aloes..... 1		{	Ext. Hyos..... ½
{ Calomel..... ½		{	Ext. Nuc. Vom. 1-16
{ Rhei..... 1		PODOPHYLLIN.....	Podophyllin..... ¼
{ Sapo..... ¼		et HYDRARG.....	Mass Hydrarg..... 2
COLYCINTH. COMP. (U. S. P.)		POTASS. BI-CARB.....	8
DOVER'S POWDER, {		POTASS. BROMID.....	5 10
{ Ipecac and Opil..... 2 3 5		QUINLE BI-SULPH.....	½ 1 2 3 4 5
FERRI MET. (Quevenne's).....	2 3 5	QUINLE SULPHAT.....	½ 1 2 3 4 5
FERRI CARB. PROTO.....	3 5	QUINLE et	Quinic Sulph..... 1
FERRI CARB. {		FERRI et	Ferri Pulv..... 1
{ Ferri Car. (Vallet) 2		STRYCHNIE.....	Strychnie..... 1-60
QUINLE et		{	Pulv. Rhei..... 3
STRYCHNIE.....	1-60	{	Pulv. Saponis..... 1
FERRI LACTAT.....	1	RHEI (U. S. P.) {	Pulv. Rhei..... 2
FERRI PYROPHOSPH.....	1	{	Pulv. Aloes Soc... 1½
FERRI et QUINLE CITRAT.....	2 3	{	Pulv. Myrrh..... 1
FERRI et		{	Ol. Menta Pip..... 1
QUINLE SULPH. {		SANTONIN.....	1
{ Quin'æ Sulph..... ½		SODA AMMON. {	Sodi Bi-Carb..... 8
et BISMUTH.....	5	{	Ammon. Carb..... ½
et PEPsin.....	2	{	Ol. Menta Pip. gtt. 1
FERRI et		STRYCHNIE.....	Strychnie..... 1-100
QUINLE SULPH. {		{	Phosphor..... 1-100
{ Quinic Sulph..... ½		{	Ext. Cannab. Ind. 1-16
et BISMUTH et		COMP.....	Ferri Carb. (Vallet) 1
PEPSIN et		{	Aloes..... 2
STRYCHNIE.....	1-60	{	Pil. Hydrarg..... 1
HOOPER'S.....		TRIPLEX.....	Podophyllin..... ¼
HYDRARG. (U. S. P.).....	1 2 3 5		
IODOFORM.....	1		
IODOFORM et			
FERRI.....	1		
LADY.....	2		
WEBSTER'S (3 grs.).....	½ ad 1		
LEPTANDRIN.....	½ ad 1		

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We call the attention of Physicians to these facts, and by all Physicians who have examined our bed, it is pronounced the best bed made for the sick. It is ventilated, hence cool; superior to the water bag for the sick, as it prevents bed sores, by *distributing the bearing of the body equally on the bed.*


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For digesting Cod Liver Oil, solid Fat, and Food generally. The Wine and Cod Liver Oil readily form an Emulsion when shaken together in equal proportions.

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Large Disk, 5 by 12 in.  
 Best for most cases,  
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*This extract is from the best Canada Barley Malt, by an improved process which prevents injury to its properties by excess of heat. It is less than half as expensive as the foreign extract; it is also more palatable, convenient of administration, and will not ferment.*

Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Prof. of Chemistry, University of Michigan, Ann Arbor.

TROMMER EXTRACT OF MALT Co.:—I enclose herewith my analysis of your extract of Malt:

Can. Sugar (Glucose,) 4.61; Dextrine, Hop-bitter, Extractive Matter, 23.5; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712; Alkalies, 0.377; Water, 25.7; Total, 99.953.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopoeia, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article. Yours truly, SILAS H. DOUGLAS.

Professor of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat producing materials.

By many American physicians, and among others, by such foreign authorities (German, French and English), as Niemeyer, Trousseau and Aitken, the Malt Extract is extolled in the treatment of impaired, difficult and "irritable" digestion, loss of appetite, sick headache, chronic diarrhoea, cough, bronchitis, asthma, consumption, the debility of females, and of the aged; for retarded convalescence from exhausting diseases, and indeed most all depressing maladies, in which it has been found very sustaining and strengthening, and admirably adapted for building up an invigorating system. It is often well borne by the stomach when every kind of food is rejected, thus actually sustaining life.

The presence of a large proportion of DIASTASE renders it most effective in those forms of disease originating in imperfect digestion of the starchy elements of food.

A single dose of the Improved Trommer's Extract of Malt contains a larger quantity of the active properties of malt, than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or in water, wine, or any kind of spirituous liquor. Each bottle contains ONE AND ONE HALF POUNDS of the Extract. Price \$1.00.

In addition to the Extract of Malt with Hops, the attention of physicians is invited to the following combinations:

**Improved Trommer's Extract of Malt—"FERRATED."**—Each dose contains four grains of the Pyrophosphate of Iron. Particularly adapted to cases of Anæmia. Price \$1.00.

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For Sale by Wholesale Druggists throughout the United States and Canada.

# BELLEVUE HOSPITAL MEDICAL COLLEGE, CITY OF NEW YORK. SESSIONS OF 1876-'77.

The Collegiate Year in this Institution embraces a preliminary Autumnal Term the Regular Winter Session, and a Spring Session.

The Preliminary Autumnal Term for 1876-1877 will open on Wednesday, September 12, 1876, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects, and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.

The Regular Session will commence on Wednesday, September 27, 1876, and end about the 1st of March, 1877.

## FACULTY.

ISAAC E. TAYLOR, M. D.,  
Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.  
JAMES K. WOOD, M. D., LL. D.,      FORDYCE BARKER, M. D.,  
Emeritus Prof. of Surgery.      Professor of Clinical Midwifery and Diseases of Women.

<p>AUSTIN FLINT, M. D., Professor of the Principles and Practice of Medicine and Clinical Medicine. W. H. VAN BUREN, M. D., Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System, and Clinical Surgery. LEWIS A. SAYRE, M. D., Professor of Orthopedic Surgery, Fractures and Dislocations, and Clinical Surgery. ALEXANDER B. MOIT, M. D., Professor of Clinical and Operative Surgery. W. M. T. LUSK, M. D., Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery. EDMUND R. PEASLEE, M. D., LL. D., Professor of Gynecology.</p>	<p>WILLIAM P. POLK, M. D., Professor of Materia Medica and Therapeutics, and Clinical Medicine. AUSTIN FLINT, JR., M. D., Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty. ALPHEUS B. CROSBY, M. D., Professor of General, Descriptive and Surgical Anatomy. R. OGDEN DOREMUS, M. D., LL. D., Professor of Chemistry and Toxicology. EDWARD G. JANEWAY, M. D., Professor of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine.</p>
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## PROFESSORS OF SPECIAL DEPARTMENTS, Etc.

<p>HENRY D. NOYES, M. D., Professor of Ophthalmology and Otolaryngology. JOHN P. GRAY, Jr., M. D., LL. D., Professor of Psychological Medicine and Medical Jurisprudence. EDWARD L. KEYES, M. D., Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.</p>	<p>EDWARD G. JANEWAY, M. D., Professor of Practical Anatomy. (Demonstrator of Anatomy.) LEROY MILTON YALE, M. D., Lecturer Adjunct upon Orthopedic Surgery. A. A. SMITH, M. D., Lecturer Adjunct upon Clinical Medicine.</p>
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A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every weekday except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March to the first of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College Building.

## FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures.....	\$140.00
Matriculation Fee.....	5.00
Demonstrator's Ticket (including material for dissection).....	10.00
Graduation Fee.....	30.00

## FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter).....	\$ 5.00
Recitations, Clinics and Lectures.....	35.00
Dissection (Ticket good for the following Winter).....	10.00

Students who have attended two full Winter Courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy and Chemistry, and if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Prof. AUSTIN FLINT, JR., Sec'y, Bellevue Hospital Medical College.



# CINCHO-QUININE.

Cincho-Quinine holds ALL the important constituents of *Peruvian Bark* in their alkaloidal condition. It contains no sulphate of cinchonine or sulphate of quinine, but cinchonine, quinine, quinidine, etc., without acid combinations. It is now nearly four years since it was placed in the hands of physicians for trial, and the verdict in its favor is decisive.

*At the present price of sulphate of quinine, it is sold at about one-half the price of that agent, and with the testimony offered that it has equal tonic and anti-periodic effects, and that it is less objectionable, there seems to be no good reason why it should not be universally employed by the profession.*

The cut below gives the size of the ounce phial, and the form of putting up.

Dr. J. A. PERKINS, of Chestertown, Md., under date of Feb. 10, 1872, writes us as follows: "I have used your preparation of Cincho-Quinine during the past summer in a malarious district. I find it entirely reliable as a substitute for the sulphate of quinine. It produces less unpleasant effects on the head, and is much better borne by the stomach. In the cases of children, I have found it to be a very desirable remedy, on account of the much less unpleasant taste. I use it satisfactorily in all cases as a substitute for the sulphate."

I have used one-and-a-half ounces of the Cincho-Quinine, and I think very favorably of its effects. In a case of intermittent fever (the patient from Tennessee), I found it to operate as well and as promptly as sulphate of quinine, without any unpleasant head symptoms. In no case have I discovered any unpleasant cerebral disturbance, as is often found in the use of the quinine.—J. M. ALDRICH, M. D. Fall River, Mass.

I have used several ounces of Cincho-Quinine with the most complete success. I prefer it to the sulphate of quinine in intermittents, especially with children. I can strongly recommend it to the profession generally.—J. H. FREY, M. D., Perry, Iowa.

The Cincho-Quinine which I have used gave entire satisfaction. It has all the advantages you claim for it, and doubtless it will in time supersede the use of sulphate of quinine entirely.—SAMUEL W. COONS, M. D., Madison, Ala.

We can now supply SUGAR-COATED CINCHO-QUININE PILLS of three sizes, namely, 1 grain, 2 grains, and 3 grains, in such quantities as are wanted. They are placed in vials holding 100 each. The price is about one-half that of Quinine Pills. Dose the same.

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Manufacturers of Acids, Chloroform, Ethers, Preparations of Gold, Silver, Tin, Zinc, Lead, Iron, Bismuth, and all Fine Chemicals used in Medicine or the Arts.



I have used 1 Cincho-Quinine in eight or ten cases, and have reason to think well of the results. I give it as I do the sulphate, 10 grains in five doses during the intermission, and five grains one or two hours before a paroxysm is due, and continue to give five grains once a week for three weeks. I shall continue to use it, and wish you to send me one ounce by mail.—J. C. DOWNING, M. D. Wapping Falls, New York.

After further continued trial of the Cincho-Quinine, I can safely say that it is a most excellent remedy. The absence of cinchonism in its use, its comparatively pleasant taste, its cheapness, with its fully equal tonic and anti-periodic qualities, make it an article which must soon be indispensable in the list of remedies of every intelligent physician.—S. A. BUTTERFIELD, M. D. Indianapolis Ind.

I have been using the Cincho-Quinine in my practice in intermittents and remittents, and I think well of it. I believe it to be quite equal to the sulphate, with all the advantages which you claim for it.—J. C. ROSS, M. D., Lincoln, Ill.

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Of Proto-Chloride of Iron.

"The experiments made in the hospitals of Paris have demonstrated that *Dr. Rabuteau's Dragees, Elixir and Syrup* regenerate the red globules of the blood with a rapidity never observed with the use of the other ferruginous preparations. These results have been proved by the various *Compt-Globules*.

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*Dr. Rabuteau's Elixir* is prescribed when some difficulty is experienced in swallowing the Dragees; it is especially adapted to weak persons, whose digestive functions need strengthening or stimulating.

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Of Bromide of Camphor.

"These remedies are prescribed when it is necessary to produce an energetic sedation on the circulatory system, and particularly on the nervous cerebro-spinal system.

"They constitute one of the most energetic *anti-spasmodic* and *hypnotic* medicines."—*Gazette des Hopitaux*.

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*Dr. Clin's Capsules* contain 4 grains, and the *Dragees* 2 grains, of genuine Bromide of Camphor.

N. B.—*Dr. Clin's Gluten Capsules* are very rapidly dissolved in the stomach, and should be preferably employed for a long treatment, and when the administering of Bromide of Camphor at a great dose would be considered as beneficial.

Prepared by CLIN & CO., Pharmacists, Paris.

## DUCRO'S ALIMENTARY ELIXIR,

A COMBINATION UNITING THE PROPERTIES OF

**Alcoholic Stimulants and Raw Meat.**

This preparation, which has been used with great success in the hospitals of Paris, since 1868, is adapted to the treatment of all diseases requiring the administration, in a small volume, of a tonic able to stimulate and support the vital forces, as *Pulmonary Phthisis, Depression and Nervous Debility, Adynamia, Malarious Cachexia*, etc.

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which are sure to follow the use of gelatine capsules containing liquid Copaiba.

Physicians desiring to use Balsam of Copaiba pure, or combined with other remedies, will find Raquin's Capsules among the best. The following combinations are now offered

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Used with great success against nervous and convulsive coughs, hooping cough, acute bronchitis, chronic catarrh, influenza, &c.

Wakefulness, cough and other sufferings in consumption, are greatly relieved by the soothing and expectorant properties of this paste.

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This Elixir contains Iodine, Pyrophosphate of Iron, the active principles of anti-scorbutic and aromatic plants, and acts as a *tonic, stimulant, emmenagogue*, and a *powerful regenerator of the blood*. It is an invaluable remedy for all constitutional disorders due to the impurity and poverty of the blood. One of the advantages of this new preparation consists in combining the virtues of Iodine and Iron without the inky taste of Iodide of Iron.

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*In the following pages we present several New Preparations, all of which have been thoroughly tested by the Medical Profession.*

### Fluid Extract Kidney-Leaf Comp.

FORMULA. { Fluid Extract Kidney-Leaf, 15 ounces.  
Testa Mollusca, 2 ounces.  
Nitrate Potassa, 320 grains.

DOSE.—For an adult, one tablespoonful from three to six times a day in a half tumbler of warm milk.

*[The bowels should move at least once a day during the administration of this remedy.]*

It affords us pleasure to be able to offer to the Medical Profession, a preparation which we believe to be of more importance than any remedy that has been brought to their notice for the past half century.

Some time since we became acquainted with an educated Japanese who had formerly practiced medicine in his native country, and who informed us that nearly all Kidney and Urinary Diseases were treated successfully in Japan, by the use of the first two ingredients of the above formula. We confess we were incredulous, but were so far interested as to obtain a sufficient quantity to thoroughly test it, before offering it to the Medical Profession. Since which time it has been used in twenty-one cases of Bright's Disease of the Kidneys with perfect success, not one of the above number having had any return of the disease, although the first person was treated nearly two years ago.

The disease had become chronic in most of these cases, and in each instance it was pronounced to be Bright's Disease of the Kidneys by several practitioners of the highest standing. The longest time required to successfully combat this disease by the use of this remedy, has been from four to eight weeks; but the microscopic and acid tests, with general improvement, will be most plainly observed within ten days.

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From the exhibition of this remedy in several cases immediately under our observation, we believe it will arrest the disease in all cases before the cell-membrane perishes in both kidneys, or before other complications have reached a stage so advanced as to preclude all hope of any other than a fatal termination.

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NOTE.—Our experiments in the use of this remedy in this country, has proved that the addition of Nitrate Potassa increases the efficacy of the original formula.



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**SUGAR COATED PILLS,**  
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(NEW.)

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Gamboge, Po.,	$\frac{3}{4}$ gr.
Aloes, Po.,	$\frac{3}{4}$ "
Mandrake Root, Po.,	$\frac{3}{4}$ "
Jalap, Po.,	$\frac{3}{4}$ "
Capsicum, Po.,	3-16 "
Castile Soap,	$\frac{1}{2}$ "
Oil Peppermint,	1-16 "

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NEW YORK.

This new Comp. Cathartic Pill can be furnished at about one-half the price of the ordinary Comp. Cathartic Pills in the market, and we believe it will be found equal to them in every respect. It acts effectually without pain.

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**Hepatica Co.**

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Hydrastin,	$\frac{1}{2}$ "
Irisin,	3-16 "
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Henbane,	$\frac{1}{2}$ "
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PREPARED BY  
Reed & Carnrick,  
NEW YORK.

The above Pill has been used with invariable success in functional disarrangement of the Liver, either of a chronic or mild form. We believe there is no combination that will excel it for the purposes designed.

One hundred sent by mail, prepaid, on the receipt of 80 cents.

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**HEADACHE.**

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Lactopeptine,	1 gr.
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Bi. Carb. Soda,	$\frac{1}{2}$ "
Cypripedin,	$\frac{1}{2}$ "

DOSE,--Two to Four.

PREPARED BY  
Reed & Carnrick,  
Manufacturing Pharmacists,  
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We believe there is no combination that can excel this in those Headaches resulting from foul stomachs and disordered conditions of the nerves.

It has been used with the happiest effects in those periodical Headaches common to females.

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**SUGAR COATED PILLS,**  
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Chinoidine,	1 gr.
Lactopeptine,	$\frac{1}{2}$ "
Cayenne,	$\frac{1}{2}$ "
Camphor,	$\frac{1}{2}$ "
Salicylic Acid,	$\frac{1}{2}$ "
Podophyllin,	1-16 "
Ceraesin,	$\frac{1}{2}$ "

Dose,--1 to 3, 3 times a day.

PREPARED BY  
Reed & Carnrick,  
NEW YORK.

This Pill is designed as a perfect substitute for Quinine in Chills and Fever, and we respectfully invite a rigid comparison.

We consider Lactopeptine an important ingredient, for in these cases the stomach is not usually in a suitable condition to properly digest and appropriate the remedy given.

It can be furnished at about one-third the price of Quinine.

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SUGAR  
COATED  
PILLS,  
**SALICINE**

TWO GRAINS.

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**Reed & Carnrick,**  
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Used as an Antiperiodic, Tonic and Febrifuge. It has recently been discovered that it possesses qualities superior to any remedy known in acute Rheumatism and Rheumatic Fever. Salicylic Acid is equally as efficacious, but its effects are not so pleasant.

One hundred sent by mail, prepaid, on the receipt of \$2.00.

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SUGAR  
COATED  
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Phosphide  
**ZINC CO.**

Zinc, Phos., 1-10 gr.  
Ext. Nux Vom.,  $\frac{1}{4}$  "

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One, 3 times a day.

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We confidently believe that this Pill will rapidly take the place of the Phosphorus Pills in the market. It acts more kindly, producing no irritation of the stomach, and is believed to be more reliable in Anaphrodisia.

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Castile Soap, Q. S.

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These Pills are designed to restore the bowels to a normal condition, by removing the causes of constipation. In some cases it is advisable to administer one or two doses of a more powerful Cathartic, after which continue the use of these Pills for a week or two.

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Strychnia, Po., 1-100 gr.  
Phosphorus, 1-100 "  
Cannab. Ind., Ext. 1-10 "  
Ginseng, 1 "  
Iron, Sub-Carb., 1 "  
Dose,--One to three.

**REED & CARNRICK,**  
NEW YORK.

A reliable and efficient Pill in Ana-phrodisia, Paralysis, Neuralgia, Loss of Memory, Phthisis, and all affections of the Brain resulting from loss of Nerve power.

One hundred sent by mail, prepaid, on the receipt of 80 cents.

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SUGAR  
COATED  
PILLS,  
**HELONIAS COMP.**

FORMULA.  
Helonin,  $\frac{1}{8}$  gr.  
Caulophyllin,  $\frac{1}{8}$  "  
Viburnin,  $\frac{1}{8}$  "  
Mitchella Repens,  $1\frac{1}{2}$  grs.

DOSE,--Two to Six.

PREPARED BY  
**Reed & Carnrick,**  
NEW YORK.

Used as a Uterine Tonic to overcome the tendency to habitual abortion, and other disarrangements of the Uterus. They are also used with the happiest results for several weeks previous to parturition. They act as a Uterine Tonic, remove cramps, and decidedly facilitate labor.

They will be found to produce positive results in the above affections.

One hundred sent by mail, prepaid, on the receipt of \$1.50.

100  
SUGAR  
COATED  
**NIGHT SWEAT PILLS.**

(Q. C. SMITH, M.D.)

FORMULA.  
Oxide of Zinc,  $\frac{3}{8}$  gr.  
Salicine, 1 "  
Hydrastin, 1 "  
Lactopeptine,  $\frac{1}{2}$  "

DOSE,--One

PREPARED BY  
**Reed & Carnrick,**  
Manufacturing Pharmacists,  
NEW YORK.

These Pills have been used largely and with great success by Dr. Q. C. Smith. They are admirably suited to allaying the trembling nervousness, want of digestive tone, and inability to sleep of drunkards.

One hundred sent by mail, prepaid, on the receipt of \$2.00.



# COMP. CATHARTIC ELIXIR.

*The only pleasant and reliable Cathartic in liquid form that can be prescribed.*

EACH FL. OZ. CONTAINS:

Sulph. Magnesia,	-	-	-	-	-	1	dr.
Senna,	-	-	-	-	-	2	"
Scammony,	-	-	-	-	-	6	grs.
Jalap,	-	-	-	-	-	10	"
Liquorice,	-	-	-	-	-	1	dr.
Ginger,	-	-	-	-	-	3	grs.
Coriander,	-	-	-	-	-	5	"

With Flavoring ingredients.

DOSE.—Child, five years old, one or two teaspoonfuls; Adult, one or two tablespoonfuls.

This preparation was originated to meet the demand of Physicians for a palatable liquid Cathartic. It is readily taken by children and adults, without nausea, and operates freely without pain. The Cathartic ingredients are so perfectly controlled by this combination, that it acts as mildly as Castor Oil.

—:O:—

MAINE INSANE HOSPITAL, AUGUSTA, Feb. 25th, 1875.

I am happy to say that we are much pleased with the Compound Cathartic Elixir. It has, so far, proved the best Liquid Cathartic we have ever used in our institution. It acts effectively and kindly, without irritation or pain.

H. M. HARLOW, M. D.

## GLYCEROLE YERBINE COMP.

Each ounce contains 1 drachm Yerbine, (from *Yerba Santa*,)  $\frac{1}{2}$  drachm Grindelia Robusta, 10 grains Bromide Potassium,  $\frac{1}{2}$  drachm Wild Cherry, 1 drachm Liquorice, 5 grains Tar and 5 grains Salicylic Acid.

DOSE.—FOR ADULTS—One to two teaspoonfuls.

Used in recent or chronic Coughs, Colds, Bronchitis, Catarrh, Asthma, and all Pulmonary affections.

YERBINE is an active principle of the leaf of *Yerba Santa*, a plant that grows abundantly on the Pacific Coast. It is a resinous principle, and we believe possesses greater healing properties in Pulmonary Affections, than any article known to the Medical Profession. It has been thoroughly tested in this City by many of our leading Physicians.

It is palatable to administer, and is furnished at a price that will bring it within the reach of all classes of practice.

## FLUID EXTRACTS.

In the manufacture of Fluid Extracts there are three essential points in producing a reliable preparation, all of which are followed with scrupulous care in our Laboratory.

- 1st. The selection of material that possesses the full medicinal properties.
- 2nd. The entire exhaustion of the drug.
- 3rd. The use of a menstruum in each case that will hold the medicinal properties in perfect solution.

—:O:—

We manufacture largely Private Formula of Sugar Coated Pills, and other preparations. (Send for quotations)

—:O:—

*Sugar Coated Pills, Troches and Powders can be securely sent by Mail.*

—:O:—

We guarantee all goods of our manufacture in every respect.

In ordering, please designate R. & C.'s manufacture.

Send for PRICE LIST, DOSE BOOKS and DISCOUNTS.

Respectfully,

**REED & CARNRICK, Manufacturing Pharmacists,**

198 FULTON STREET, NEW YORK.

# LACTOPEPTINE.

*The most important Remedial Agent ever presented to the Medical Profession for all Diseases arising from Imperfect Nutrition.*

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle.

## FORMULA OF LACTOPEPTINE.

Sugar of Milk, - - - 20 Ounces.	Veg. Ptyalin or Diastase, 1 Drachm.
Pepsin, - - - 4 "	Lactic Acid, - 2½ fl. Drachms.
Pancreatine, - - 3 "	Hydrochloric Acid, 2½ fl. "

POWDER AND MIX.

REPORT OF THE CHEMICAL ANALYSIS MADE BY PROFESSOR H. C.  
BARTLETT, Ph. D., F. C. S.

Laboratory, 7, South Square, Gray's Inn, London, W. C.

22nd February, 1876.

I have examined with great care the sample of **LACTOPEPTINE** submitted to me, and in the investigation I have not merely tested the various digestive principles of which it is composed, but have made the most careful estimate of the accuracy of the proportions in which they should exist as aids to digestion. I have not rested satisfied with any mere chemical analysis, but have submitted the samples of **LACTOPEPTINE** to the practical tests of ascertaining the amount of digestion they will perform upon various kinds of food, which were artificially maintained at a temperature as nearly as possible that of the body. I have also endeavoured to corroborate these by a great number of direct applications in cases of *Dyspepsia*. The result of the entire investigation may be condensed in a few words. I find that fifteen grains of **LACTOPEPTINE** is a sufficient quantity to digest as much hardened fibrin as would be likely to form part of any ordinary meal. With the more easily digestible Albumen, and the softer fibrous portions of mixed food, the work done is equally satisfactory. The emulsifying power of **LACTOPEPTINE** prevents any free fat from appearing on the surface of the digested food, which presence of a pellicle of undigested fat cannot be prevented by taking any of the ordinary preparations of Pepsin. The addition of Diastase is also of great value, as an indisposition to digest starchy foods is one which is more frequently recognisable than is generally believed. Taken in combination, therefore, the various principles contained in **LACTOPEPTINE** can safely be relied on to assist impaired digestion, so as to enable a sufficiency of food substance to be assimilated in all cases when the natural secretions of digestive principles have been, as is so frequently the case, inadequate to accomplish this essential function of life.

The efficacy of **LACTOPEPTINE** appears to me, to some extent, to depend upon the dilution of the active principles by a considerable proportion of soluble substance. On this account an apparently larger dose may be prescribed, but in this diluted form its action is more evenly carried out throughout the whole of the food-mass in the stomach, instead of concentrating its action, or rapidly dissolving the first portion, and leaving the rest altogether undigested.

I therefore lay greater emphasis upon the result of my investigations, inasmuch as I have found, that the preparation of **LACTOPEPTINE** contains within itself all the principles required to promote a healthy digestion.

I am, dear sir, faithfully yours,

H. C. BARTLETT, Ph. D., F. C. S.

## PROFESSIONAL OPINIONS OF LACTOPEPTINE.

From over One Thousand commendatory letters received from physicians enumerating cases which had been treated successfully with LACTOPEPTINE, and in many of which Pepsin alone, had failed to benefit, we select the following ; and for greater convenience to the Professional reader, we present them according to the specific diseases to which they refer.

### Dyspepsia.

The undersigned, having tested REED & CARNBICK'S preparation of Pepsin, Pancreatine, Diastase, Lactic Acid and Hydrochloric Acid, made according to published formulæ, and called LACTOPEPTINE, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

NEW YORK, *April 6th*, 1875.

J. R. LEAMING, M. D.,

Attending Physician at St. Luke's  
Hospital.

EDWARD G. JANEWAY, M. D.,

Professor Pathological and Practical  
Anatomy, and Lecturer on Materia  
Medica and Therapeutics and  
Clinical Medicine, Bellevue Hos-  
pital Medical College.

ALFRED L. LOOMIS, M. D.,

Professor of Pathology and Practice  
of Medicine, University of the  
City of New York.

SAMUEL R. PERCY, M. D.,

Professor Materia Medica, New York  
Medical College.

J. H. TYNDALL, M. D.,

Physician at St. Francis' Hospital.

JOSEPH E. WINTERS, M. D.,

Assistant Demonstrator of Anatomy,  
Bellevue Hospital Medical College.

LEWIS A. SAYRE, M. D.,

Professor of Orthopædic Surgery  
and Clinical Surgery, Bellevue  
Hospital Medical College.

F. LE ROY SATTERLEE, M. D. Ph.D.,

Prof. of Chem., Mat. Med., and  
Therap. in the N. Y. College of Dent.;  
Prof. Chem. and Hygiene in the Am.  
Vet. College, &c., &c.



INEBRIATE ASYLUM, NEW YORK, March 25th, 1875.

"I have carefully watched the effects of LACTOPEPTINE, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does an abnormal void of nature in the secretions of the stomach."

N. KEELER MORTON, M. D.

SPENCER'S ISLAND, NOVA SCOTIA, March 2d. 1876.

"I have used your LACTOPEPTINE, and fairly tested its virtue, and have found it especially valuable both in dyspepsia and gastro-intestinal diseases."

KENNEDY MUNRO, M. D.

MT. PLEASANT, MAURY CO., TENN., March 1st, 1876.

"I have used LACTOPEPTINE extensively in cases of debility of the stomach, and gastric irritation. In combination with quinine and iron, as an anti-periodic in intermittent fever, I find it supersedes anything I have ever used."

HENRY SOWG, M. D.

PAYNESVILLE, MEADE CO., KY.

"I gave the sample of LACTOPEPTINE you sent me last fall to a patient of mine that was suffering with indigestion, and it cured him."

JAS. M. O'BRYAN, M. D.

114 STOCKTON STREET, SAN FRANCISCO, CAL.

"I have the honor to acknowledge the receipt of a small package of LACTOPEPTINE, and having used the medicine am well pleased with the results; its effects are all the most sanguine could wish."

D. C. PORTER, M. D.

WEST NEWFIELD, ME., June 14th, 1875.

"LACTOPEPTINE seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions."

STEPHEN ADAMS, M. D.

UTICA, CLARK CO., INDIANA, Jan. 5th. 1876.

"Send another ounce of LACTOPEPTINE, the sample you sent me did all you said it would."

JACOB BRUNNER, M. D.

GRAND RAPIDS, WOOD CO., OHIO, Jan. 4, 1876.

"I am much pleased with the LACTOPEPTINE, having found nothing, during a practice of over thirty years, among the new preparations that promise to be of more benefit both to the afflicted and the profession."

G. W. BELL, M. D.

CANAAN FOUR CORNERS, COLUMBIA CO., N. Y., Dec. 29th, 1875.

"Having tried LACTOPEPTINE in two severe cases of dyspepsia of long standing, permit me to offer my mite of praise. It is, in my opinion, all you claim for it, and I earnestly hope it will obtain the extensive sale it so well deserves. It is a boon to the physician."

GEORGE W. SMART, M. D.

KINGS COUNTY HOSPITAL, FLATBUSH, L. I., May 15th, 1876.

Messrs. REED & CARNICK.

Dear Sirs :—I am happy to state that I have given your samples of LACTOPEPTINE a fair trial, and I do not hesitate to speak of it in the highest terms. It is an admirable preparation and I have found it in *every respect*, what you claim for it. I am convinced that for the treatment of Dyspepsia there is nothing to surpass it. I have also given it when the stomach was in such an irritable condition that food could not be retained, and with very beneficial results. I can recommend it to my professional brethren as a most valuable preparation.

Yours, &c.,

C. E. FRITTS, M. D., Resident Physician, Kings Co. Hospital.

MEDON, MADISON Co., TENN., Dec. 14th, 1875.

"I used the sample sent me in a case of dyspepsia, which acted like a charm ;  
relieved the case at once."

D. H. PARKER, M. D.

—O—

NEWTON, IOWA, May 10th, 1875.

"I have been using LACTOPEPTINE for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and lack of assimilation, it is a most splendid remedy."

H. E. HUNTER, M. D.

—O—

BRANDON, VT., March 31st, 1875.

"I desire to say that I have used LACTOPEPTINE for a year, not only on my friends, but also in my own case, and I have found it one of the most valuable aids to digestion that I have ever used."

A. T. WOODWARD, M. D.,

Late Professor of Obstetrics and Diseases of Women and Children,  
Vermont Med. College.

—O—

LIBERTY, Mo , October 12, 1875.

"I used the parcel you sent me, and was well pleased with its action in a case of Chronic Hepatitis, with a want of the assimilative power to nourish the patient, notwithstanding a good appetite. She needed the principle furnished by LACTOPEPTINE."

W. F. RECORDS, M. D.

—O—

"In a very large class of diseases, the functions of the stomach are more or less impaired, and will not assimilate or take up the medicines indicated ; in all such cases LACTOPEPTINE comes in as a valuable adjuvant and relieves the difficulty."

JAMES M. WILSON.

—O—

CORTLAND, DEKALB Co., ILLS., September 16, 1875.

"The case of the lady which I commenced treating for Dyspepsia with LACTOPEPTINE in July last, is progressing so favorably that it is no longer necessary to continue the remedy regularly. Pain and distress after eating all gone; and nervous prostration very much improved. For about two years she had suffered from dimness of vision, but now she can use her eyes for hours at a time in reading or sewing without any inconvenience or fatigue. I regard it as decidedly an important remedy in the treatment of Dyspepsia."

G. W. LEWIS, M. D.

—O—

STONES PRAIRIE, ADAMS Co., ILLS., August 9, 1875.

"I received a small package of LACTOPEPTINE, which I have been prescribing as directed, and from its good results induces me to send for more. I am well convinced that I will be able to furnish you with one of the most astounding cures by its use that is on record."

A. J. MILLER, M. D.

## Vomiting in Pregnancy.

FORT SCOTT, KANSAS, February 3, 1876.

"To-day I have heard from my patient, a case of violent vomiting in pregnancy of several months standing, and which has resisted all remedies human ingenuity could prescribe. The LACTOPEPTINE has proved a charming success, she being much relieved, and in fact the vomiting has ceased."

LOUIS GRASMUCK, M. D.



SARDINIA, ERIE Co., N. Y., October 23, 1875.

"Some time since I received a sample of LACTOPEPTINE to try, and I must say I never saw so much good from so small an amount of medicine before. It afforded immediate relief in an obstinate case of vomiting from pregnancy when everything else had failed."

JOHN COLE, M. D.

—o—

CONTOCOOK, N. H., November 25th, 1874.

"After a thorough trial, I believe LACTOPEPTINE to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in the vomiting from pregnancy, with the best success. The relief has been immediate in every instance.

GEORGE C. BLAISDELL, M. D.

—o—

MOUNT CARMEL, PA., October 26, 1875.

"I have been prescribing LACTOPEPTINE for the last three months with best results; in the morning sickness attending pregnancy it has not its superior."

W. J. HASS, M. D.

KINGS COUNTY HOSPITAL, FLATBUSH, L. I.

I willingly add my testimony to your list regarding the preparation called LACTOPEPTINE. Excellent results have been obtained from its use in Dyspepsia, Gastritis, and obstinate Vomiting in this institution, during the past four months."

Yours respectfully,

HOWARD L. WILDER, M.D., Resident Physician.

## Cholera Infantum.

MT. MORRIS, N. Y., November 4, 1875.

"I have been using LACTOPEPTINE in my practice among children, and this is the first summer in a practice of 25 years, that I have passed without losing a case of Cholera Infantum."

B. G. STEPHENS, M. D.

—o—

ELLIOTSTOWN, EFFINGHAM Co., ILL., August 26, 1875

"The sample of LACTOPEPTINE I received, and can now give evidence that you have filled a vacancy in the Materia Medica to the perfect satisfaction of the Profession. Diseases of infants and children are my specialty. I have found a great friend in your preparation in all cases of Cholera Infantum."

G. SCHMIDT, M. D.

—o—

LOUDONVILLE, ASHLAND Co., OHIO.

"I have been using LACTOPEPTINE for the past year, with most satisfactory results, and have cured many cases of Cholera Infantum, and that too after other physicians had utterly failed to relieve.

WM. H. WIRT, M. D.

—o—

CHILLICOTHE, Mo., September 4, 1874.

"I have used LACTOPEPTINE this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, Cholera Infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used."

J. A. MUNK, M. D.

# LACTOPEPTINE.

The digestive power of LACTOPEPTINE is seven times greater than any preparation of Pepsin in the market, as it has the important advantage of dissolving all aliment used by mankind, while Pepsin acts only upon plastic food.

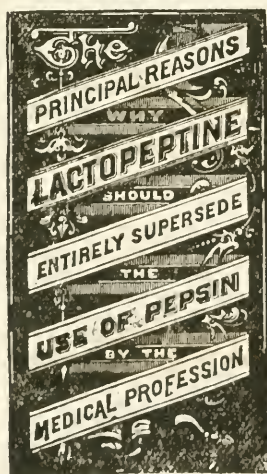
This preparation has now been in the hands of the Medical Profession for two years, during which time its therapeutic value has been most thoroughly established in cases of Dyspepsia, Intestinal diseases of Children, Chronic Diarrhoea, Constipation, Vomiting in Pregnancy or Dyspepsia, Headache, and all diseases arising from imperfect nutrition.

One of the most important applications of LACTOPEPTINE is in those cases where the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated. In such cases combine it with the remedy indicated.



To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

To Test the Digestive Power of Lactopeptine in Comparison with any Preparation of Pepsin in the Market:  
LACTOPEPTINE, as well as all other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept invariably in their hands.



- 1st.—It will digest from three to four times more coagulated albumen than any preparation of Pepsin in the market.
- 2d.—It will emulsionize and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.
- 3d.—It will change the starchy portions of vegetable food into the assimilable form of Glucose.
- 4th.—It contains the natural acids secreted by the stomach (Lactic and Hydrochloric), without which Pepsin and Pancreatine will not change the character of coagulated albumen.
- 5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 grs. of Pepsin and 4 grs. of Pancreatine mixed, will dissolve one-third more albumen than the combined digestive power of each agent separately in same length of time.
- 6th.—IT IS MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. An ounce of Lactopeptine is, therefore, fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.

LACTOPEPTINE and most of our leading preparations can be obtained from the principal Druggists of the United States.

SUGAR COATED PILLS, TROCHES AND POWDERS CAN BE SECURELY SENT BY MAIL.

## Prices of Lactopeptine by mail.

One ounce sent by mail, prepaid, on receipt of	\$1 00.
One pound " " " " " " " " " " " " " " " "	13 00.

A fraction of an ounce or pound sent by mail on receipt of corresponding price. We guarantee all goods of our manufacture.

In ordering, please designate R. & C.'s manufacture.

Send for PRICE LIST, DOSE BOOKS and DISCOUNTS.

July 1st, 1876.

Respectfully,

**REED & CARRICK, Manufacturing Pharmacists,**

198 Fulton Street, New York.

**FOUGERA'S**

COMPOUND



IODINISED

## **COD LIVER OIL.**

The immeasurable therapeutic superiority of this oil over all other kinds of Cod Liver Oils sold in Europe or in this market, is due to the addition of IODINE, BROMINE and PHOSPHORUS.

This oil possesses not only the nourishing properties of Cod Liver Oil, but also the tonic stimulant and alterative virtues of IODINE, BROMINE, and PHOSPHORUS which are added in such proportions as to render FOUGERA'S COD LIVER OIL FIVE TIMES STRONGER and more efficacious than pure Cod Liver Oil.

## **Fougera's Ready-made Mustard Plasters**

A most useful, convenient, and desirable preparation, always ready for immediate use. Clean prompt in its action, and keeps unaltered in any climate; easily transported and pliable, so as to be applied to all parts and surfaces of the body. It is prepared of two strengths—No. 1, of pure mustard; No. 2, of half mustard. Each kind put up separately, in boxes of 10 plasters.

**FOUGERA'S**

Iodo-Ferro-Phosphated

## **ELIXIR OF HORSE-RADISH.**

This Elixir contains Iodine, Pyrophosphate of Iron, the active principle of anti-scorbutic and aromatic plants, and acts as a *tonic, stimulant, emenagogue, and a powerful regenerator of the blood.* It is an invaluable remedy for all constitutional disorders due to the impurity and poverty of the blood. One of the advantages of this new preparation consists in combining the virtues of Iodine and Iron without the Inky taste of Iodide of Iron.

## **Fougera's Compound Iceland Moss Paste**

(Iceland Moss, Lactucarium, Ipecac, and Tolu.)

Used with great success against nervous and convulsive coughs, Whooping Cough, acute Bronchitis, Chronic Catarrh, Influenza, &c.

Wakefulness, Cough and other sufferings in Consumption, are greatly relieved by the soothing and expectorant properties of this paste.

FOR SALE BY DRUGGISTS EVERYWHERE.

**E. FOUGERA & CO., New York,**  
**Wholesale Agents**



ESTABLISHED 1856.

## A. M. LESLIE & CO.,

Manufacturers of and Wholesale and Retail Dealers in

### SURGICAL INSTRUMENTS, APPARATUS

BRACES, TRUSSES,

Dental Instruments, Apparatus and Furnishings,

Medical, Surgical and Dental Books, Etc.,

No. 319 NORTH FIFTH STREET,

IN MERCANTILE LIBRARY BUILDING

Where they have opened a GREATLY INCREASED Stock of the above articles which they will sell for Cash as low as the Eastern manufacturers.

Parties ordering may rely on getting suited, or the goods may be returned.

MANUFACTURERS OF

LESLIE'S IMPROVED

*Physician's*

Saddle Bags.

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The most complete, compact and durable bags in the market, also the cheapest.

Send for Descriptive Circular.

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A. M. LESLIE & CO.,

319 NORTH FIFTH STREET,

ST. LOUIS, MO.

